

## SonShine Corner Learning Center Employment Application

Full Name:	Home Ph:	Cell Ph:
Current Address:	DOB:	
Email:		

Thank you for choosing SonShine Corner Learning Center in your career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. SCLC is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following requirements for employment by *initialing each item below.*

- High School Graduate or G.E.D recipient
- Negative TB Test and will provide current medical documentation
- Will provide Social Security Card or Birth Certificate
- Will complete an FBI criminal background check
- Will complete a Child Maltreatment Central Registry check
- Physically able to safely supervise young children and perform necessary job functions
- Will maintain professional appearance and conduct at all times

### GENERAL INFORMATION

Employment Desired:  Full-time only     Part time only     Full or Part time     On Call

Hours available: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Are you seeking temporary or permanent work? \_\_\_\_\_

### 3 PERSONAL REFERENCES (do not list family or previous employers)

Name	Address	Phone Number	Relationship (ie. Coworker, friend)

**EDUCATIONAL EXPERIENCE**

High School attended/address/year graduated \_\_\_\_\_

College attended/Degree or number years completed/Major \_\_\_\_\_

Child Development Associate Certification \_\_\_\_\_

List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.): \_\_\_\_\_

List other skills, vocational, and technical training \_\_\_\_\_

**EMPLOYMENT HISTORY (begin with most recent)**

Begin/End Date	Begin/End Salary	Employer/Address	Supervisor's Name & Ph:	Your title and duties	Reason for leaving

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. What are your career goals and objectives?

\_\_\_\_\_

2. Why should SCLC hire you?

\_\_\_\_\_

3. Define PROFESSIONAL CONDUCT. How does it apply to a child care program?

\_\_\_\_\_

\_\_\_\_\_

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

\_\_\_\_\_  
Printed name/Signature of Applicant

\_\_\_\_\_  
Date

**Office Use Only:**

Date Submitted:	Time:	Position:
Director Proceed + or -	Interview:	Date Hired: