



Application for Employment

Applicant's name: _____

Date: _____

www.FoundationsELFC.org

FoundationsELFC@gmail.com

P. O. Box 131092

Birmingham, AL 35213

205-588-5454

Foundations Application for Employment

Name		Date	
Address			
City		State	Zip
Phone Number			Birth date
Referred by			
In case of an emergency, who should we notify?			
Phone number			
Position Applying for		Date Available	
Salary Range Desired			
Why do you want to work at Foundations?			
Education			
Schools Attended		Dates Attended	Major and/or Degree
Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list any courses, volunteer work, hobbies or interests that would relate to the position you are applying for			
Please list any community organizations you are active in			

Former Employers

Employer Name

Dates Employed

Address

Phone

Position

Supervisor's Name

Duties

Reason for leaving

Employer Name

Dates Employed

Address

Phone

Position

Supervisor's Name

Duties

Reason for leaving

Employer Name	Dates Employed
Address	
Phone	
Position	Supervisor's Name
Duties	
Reason for leaving	
<p>References</p> <p>Please list at least three persons, not related to you, whom you have known at least one year who could attest to your interaction with children.</p>	
Name	Phone
Name	Phone
Name	Phone

How would you describe your general health?
<p>Are there any physical or personal limitations on the type of work you can do with children at the center, or that would affect the amount of time you can spend at work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe.</p>
Date of your last physical exam
Would you object to being fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you available for substitute work? Yes No

Describe your ideal job

Why do you want to work in child care?

What is your philosophy of early childhood education?

What is your philosophy of behavior guidance?

If hired, what kind of commitment do you expect to be able to give to our program?

What would you say are your goals for the next 1 to 5 years?

What would you say are your goals for the next 5 to 10 years?

If we were to ask your best friend what he/she thought your 5 best qualities are, what do you think he/she would say?

If we asked that same person what areas you needed to improve upon, what would he/she say?

What age group do you prefer working with?

Is there an age group you absolutely would **not** want to work with?

Describe a positive experience you've had with children, and explain what you think you did to help make it positive.

Describe a challenging behavior-guidance or disciplining experience. Tell what you did and what the outcome was. If you think it could have been handled differently, tell what you would do if you could deal with it again.

Please feel free to add any other comments:

In compliance with the requirements of this child care program, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- a) been convicted of, admitted to, or been the subject of substantial evidence of an act of child abuse or child molestation;
- b) used alcohol or drugs such that its effects are apparent during working hours that children are in care;
- c) been convicted of or admitted to any felony or any offense involving moral turpitude.

I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment by Foundations, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date it will be effective.

I understand that the first three months of my employment are probationary and that if my services have not proved satisfactory during that time, my employment may be discontinued at any time.

Applicant's Signature

Date

