

EMPLOYMENT APPLICATION

www.bestpreschoolever.com



Precious Years Learning Center, Ltd.

5906 Springdale Road * 45247

513.245.2305

preciousyears@gmail.com

Name

____/____/____
Today's Date

Address

____/____/____
Date of Birth

____-____-____
Mobile phone number with area code

____-____-____
social security number

personal email address

POSITION APPLYING FOR

____ Teaching Assistant

____ Lead Teacher

____ Office/Clerical

____ Administrator

____ Full Time

____ Part Time

____ Either

EDUCATIONAL BACKGROUND

High School

____/____/____ from date to date

graduate?
 yes no

Technical/Vocational School

____/____/____ - ____/____/____
from date to date

yes no

College/University

____/____/____ - ____/____/____
from date to date

yes no

EXPERIENCE

Please account for all of your experience. Include any volunteer work which you feel is relevant to the position for which you are applying. Complete on back if more space is needed. **NOTE: Experience section MUST be completed even if a resume is attached.**

Name

Title

____/____ - ____/____
from to

\$_____/hr
most recent rate

Address

Supervisor's Name

phone number

Main duties of your position

Reason for leaving

yes no
may we contact?

Name

Title

____/____ - ____/____
from to

\$_____/hr
most recent rate

Address

Supervisor's Name

phone number

Main duties of your position

Reason for leaving

yes no
may we contact?

Name

Title

____/____ - ____/____
from to

\$_____/hr
most recent rate

Address

Supervisor's Name

phone number

Main duties of your position

Reason for leaving

yes no
may we contact?

CERTIFICATIONS

- | | | |
|--|---|--|
| <input type="checkbox"/> First Aid [Pediatric] | <input type="checkbox"/> Child Abuse Prevention | <input type="checkbox"/> Communicable Disease Management |
| <input type="checkbox"/> First Aid [Adult] | <input type="checkbox"/> CPR [Adult & Infant] | <input type="checkbox"/> Ohio Academic Standards |
| <input type="checkbox"/> CDA [current] | <input type="checkbox"/> Teaching License | <input type="checkbox"/> Other_____ |

AUTHORIZATIONS, PERSONAL & PROFESSIONAL GOALS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am able/willing to work hours not originally scheduled in the event of staff illness/absence |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen of the United States |
| <input type="checkbox"/> | <input type="checkbox"/> | I have never been convicted of a felony |
| <input type="checkbox"/> | <input type="checkbox"/> | I am willing to take a drug/alcohol screening test if asked |
| <input type="checkbox"/> | <input type="checkbox"/> | I am comfortable executing lessons/activities with a Christian theme |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not currently enlisted in the armed forces |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not currently on jury duty or petitioned for jury duty |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a valid driver's license |
| <input type="checkbox"/> | <input type="checkbox"/> | I have access to a vehicle for transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | I can provide proof of citizenship if asked |

Why do you want to work with children? _____

What are your goals for the next 5 years? _____

How will obtaining this job help you towards your goals? _____

How are you best motivated? _____

How do you give back to your community? -----

What are your two greatest attributes? _____

Please note anything else you'd like us to consider: _____

EMERGENCY CONTACT INFORMATION

Person to contact in the event of an emergency

_____	_____	_____	_____
Name	Relationship	daytime phone	alternate phone number

_____	_____	_____	_____
Name	Relationship	daytime phone	alternate phone number

PLEASE READ CAREFULLY BEFORE SIGNING!

Precious Years Learning Center, Ltd. is an equal opportunity employer, which means that no applicant shall be discriminated against because of age, race, color, religion, sex, marital status, national origin, disability, or sexual orientation. I understand that my signature below and the information I have provided establishes no obligation on the part of Precious Years Learning Center, Ltd. or its agencies to employ me. There has been no implied or expressed guarantee that my completion of this application will necessarily result in my employment. I authorize Precious Years Learning Center, Ltd. or their agent to make any investigation and receive information relevant to my suitability for employment. I agree that if any misrepresentation has been made by me or the results of such investigations are not satisfactory in the judgment of this company, any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than payment, at the rate agreed upon, for services actually rendered. I further authorize any of my references, employers, schools or military authorities to furnish information requested by Precious Years Learning Center, Ltd. or its agent and thereby release all such information on record to Precious Years Learning Center, Ltd..

Signature

____/____/____
Date