

APPLICATION FOR EMPLOYMENT

Type or use black or blue ink
Provide all information requested

Position applying for:

General Information

Name (Last, First, Middle, Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

Have you been an employee of the Aldridge Early Learning Center previously? yes no
If yes, please indicate employment dates and position held
From _____ to _____ ; Position _____

Can you provide proof, if hired, that you are eligible to work in the United States? yes no
Have you ever been convicted of a crime other than a minor traffic violation? yes no
If yes, please explain _____

Days/Hours Available to work Mon Tues Wed Thurs Fri Sat Sun Total hrs. you can work weekly When available to start work Salary Desired: _____ per	Employment Desired Full Time Only Part Time Only Full or Part Time
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Education and/or Training

SCHOOL NAME AND LOCATION <small>(high school, college, business, or other)</small>	Number of Credits		Field		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					Yes No	
					Yes No	

			Yes No	
Special skills, related volunteer experience, and other education/training/skill (CDA, Director's Credentials, etc.)				

License or Certification

License/Certification	State	Profession	License/Certification	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job.
- Any change of job title under the same employer should be considered a separate position.

May we contact your current employer for a reference? Yes No Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate month & year) From: To:	Average Hours Worked Per Week	
Duties:			
Hourly pay rate		Reason for Leaving	
2.	Employer	Telephone Number	Supervisor's Name

Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From: To:		Average Hours Worked Per Week
Duties:			
Hourly pay rate		Reason for Leaving	
3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate month & year) From: To:		Average Hours Worked Per Week
Duties:			
Hourly pay rate		Reason for Leaving	
4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate month & year) From: To:		Average Hours Worked Per Week

Duties:	
Hourly pay rate	Reason for Leaving

References:

Give below the names of three professional references.

Name	Address & Phone Number	Type of Business	Years Known

Please Read Carefully

Authorization

"I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for non consideration.

I authorize investigation of all statements continued herein and the references and employers listed within to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Center from all liability for the use of said information.

I understand that the Aldridge Early Learning Center has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment. I also understand that compliance with this policy is a condition of employment and employment is based on the successful passing of testing under such policy.

I further understand that employment is also based on the successful passing of the Illinois Department of Children & Family Service's Authorization for Background Check/CANTS."

Applicant's Signature

Date

The Aldridge Early Learning Center is an equal employment opportunity employer. We make employment decisions without regard to race, color, national origin, sex, religion, age, or disability