

Northville First Care Application for Employment

Name: _____ Date: _____

Address: _____

Telephone/ Cell Number: _____

Email: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Have you previously worked for Northville First Care? Yes No

How did you learn about this opening? _____

Certification

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
CDA (Child Development Associate Degree)	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Special Skill or Training:		

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Position or Title: _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Position or Title: _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Position or Title: _____ **Years Known:** _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Because of the nature of my job and licensing requirements, I hereby consent to a Michigan Child Care Background Check which includes fingerprinting.

Applicant's Signature

Date

Please answer these questions below:

1. Why are you interested in a childcare position?

2. Describe your person skills that will help you succeed as a childcare professional?

3. You are in charge of a group of preschoolers. It has rained all day and the children are getting very restless. What would you do?