



AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Please read before filling out this application

Davidson-Cornelius Child Development Center does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **Davidson-Cornelius Child Development Center intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

Referral Source: How did you hear about our center? _____

Have you ever been convicted of breaking a law other than a minor traffic violation?
Do not include sealed and expunged convictions. Yes No

If yes, please explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Have you ever had a Department of Social Services (DSS) substantiation? Yes No

If yes, please explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Employment

Position applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for DCCDC before? _____ When? _____

If yes, please list below any name(s) used if different from the one given on this application:

Employment (continued)

Can you perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? Yes No

If no, please explain _____

(If you have any question as to what functions are applicable to the position for which you are applying, please contact the employer before you answer this question.)

What is the earliest date that you could begin employment? _____

Our center's operational hours are from 7:00 AM to 6:00 PM, Monday through Friday. Please list below any potential scheduling conflicts which could affect your availability.

Educational Data

Please check the highest educational level completed:

GED

High School Diploma

Some College Coursework

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate

Type of School	Name of School	Location	Course of Study	Degree Earned? If yes, please specify.

Early Childhood Educator Requirements

Please check the box for any trainings and/or certifications that you have and provide the date completed.

Criminal Background Check (CBC) Qualification Letter _____
Date completed

Credentials (NCECC) or equivalency _____
Date completed

ITS-SIDS Training (taken in-person only) _____
Date completed

CPR/First Aid Training (taken in-person only) _____
Date completed

Health & Safety Trainings _____
Date completed

Please list any additional trainings and/or certifications that are relevant to Early Childhood:

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No
 If yes, please identify employer _____

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip \$ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip \$ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip \$ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military Service

Branch of Service: _____

Duties in the service, including schools and training: _____

Professional References

Give three (3) references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Email

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to **Davidson-Cornelius Child Development Center (DCCDC)** my record, reason for leaving and all information they may have concerning me, and hereby release them and DCCDC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish DCCDC with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by DCCDC it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by DCCDC, I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of DCCDC. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of DCCDC has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Signature _____ Date _____