



APPLICATION FOR EMPLOYMENT

APPLICANT NAME



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Growing Futures Early Education Center (Growing Futures) is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to citizenship status, age, race, religion, color, disability, genetics, national origin or ancestry, familial status, veteran service or status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed **90 days**. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information				
Name (Last, First, Middle)	E-Mail Address		Date of Application	
If you have ever worked under another name please supply:			Telephone Number with Area Code	
Current Address: Street	City	State	Zip	Number of Years
Past 5 Years Residency				
Address: Street	City	State	Zip	Number of Years
Address: Street	City	State	Zip	Number of Years
Address: Street	City	State	Zip	Number of Years
Address: Street	City	State	Zip	Number of Years
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute		Number of Hours:	Date Available:	
Position Applying for: (Check all that apply) <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Maintenance <input type="checkbox"/> Administration/Director <input type="checkbox"/> Health Coordinator <input type="checkbox"/> Infant Toddler Specialist <input type="checkbox"/> Early Intervention <input type="checkbox"/> Food Service <input type="checkbox"/> Family & Community Services Coordinator <input type="checkbox"/> Family Support Advocate <input type="checkbox"/> Administrative/Accounting <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Other _____				
Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on "lay-off" status, subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about Growing Futures or this position? _____				
Have you ever been employed with us before? If yes, provide dates _____				
Do you have transportation to travel locally if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know anyone who works for Growing Futures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____				
Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Relationship? _____				
Are you a current or former Head Start parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____				
Are you authorized to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If under age 18 can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Certifications, Accreditation, Licenses

List certifications, accreditation or licenses which you feel may especially qualify you for the position for which you are applying:

- Child Development Associate (CDA) Date Received: _____
 Licensed Social Worker; Number: _____ Unified Licensed Early Education/ Elementary
 Other, describe: _____

Training and Special Skills

List special skills, proficiencies or experiences which you feel may especially qualify you for the position for which you are applying:

- Language skills beyond English, fluently speak and understand the following language: _____

- Specialized Training
 Apprenticeship
 Skills
 Volunteer Activities
 Other, describe: _____

Education

Name	Location and Telephone	Course Studied/Major	Degree Completed	Number of Years attended
High School/GED				
College				
Post-Graduate				
Vocation/Tech				

Work Experience – Starting With Most Recent

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	
Position or Title	Reason for Leaving	
Description of Duties:		

Next Previous Employer

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	
Position or Title	Reason for Leaving	
Description of Duties:		

Next Previous Employer

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	

Position or Title	Reason for Leaving
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Description of Duties:

A Minimum of Three (3) Professional References

Name	Company	Relationship
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Email	Telephone
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A Minimum of Three (3) Professional References

Name	Company	Relationship
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Email	Telephone
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A Minimum of Three (3) Professional References

Name	Company	Relationship
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Email	Telephone
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PRE-EMPLOYMENT STATEMENT
READ CAREFULLY BEFORE SIGNING BELOW
(Signature required in order to be considered for employment.)

1. I understand that Growing Futures will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the Agency would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
2. I further understand that I, as all Growing Futures employees, may be subject to ongoing drug testing program and will be required to pass such tests as a condition of continued employment.
3. I understand that a background investigation including my employment and criminal history will be performed as a condition of employment; I hereby authorize Growing Futures and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume and as relevant to this background investigation. I release Growing Futures from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application, including but not limited to employers, educational institutions, licensing agencies, law enforcement agencies, financial institutions, government agencies, courts, and other persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Growing Futures.
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
5. I certify that I personally completed this application and that the information provided in this application (and accompanying resume, if any) is true and complete. ***I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated.*** I understand that all information provided by me on this application or in any interview is subject to verification. I further understand that background information will be verified throughout my employment.
6. I acknowledge that if I am employed by Growing Futures, my employment will be at-will, that I will be required to follow all rules and regulations of the Agency and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the Agency. No one other than the Board of Directors or the Executive Director has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

I certify that I have read or have had read to me, items 1, 2, 3, 4, 5 and 6 above. I understand the contents and hereby acknowledge receipt and understanding of this information. Further, I confirm that I desire to be considered for employment under these conditions.

Signature of Applicant

Date