



# CHEERS School Family

Where children know love, sense security, and embrace education.

- Children First CDC
- Heritage CDC
- Heritage Clubhouse

____/____/____ Date Application Submitted
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## APPLICATION FOR EMPLOYMENT

Name of Applicant: \_\_\_\_\_ Social Security No. (Optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

### AVAILABILITY

Are you over 18? \_\_\_\_\_ If not, are you over 16? \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Position Applying for:  Teacher or Coordinator  Teacher Assistant/Aide  Cook  Other: \_\_\_\_\_

Age Group Preferred:  Infants-Waddlers (< 2 yrs.)  Toddlers (2 yrs.)  PreSchoolers (3-5yrs.)  School-age (5-12yrs.)

Desired Schedule:  Full-time  Part-time  Temporary  
Hours Available \_\_\_\_\_  
Days Available \_\_\_\_\_

If position is not open, are you interested in being a substitute? \_\_\_\_\_ Hourly Wage Expectations \_\_\_\_\_

Have you ever been employed by CHEERS? \_\_\_\_\_ Explain: \_\_\_\_\_

Are there any positions or age groups for which you do not wish to be considered? Please explain. \_\_\_\_\_

### EDUCATION

Type of School	Name & Location of School	Degree/ Area of Study	Number of Years Completed	Graduated? Yes No Enrolled
HIGH SCHOOL				GED?
COLLEGE/ UNIVERSITY				
OTHER				

Do you expect to complete an educational program in the future? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

What professional or trade groups do you belong to and consider relevant to your ability to perform this job?  
\_\_\_\_\_

Describe any volunteer work related to children and the length of service. \_\_\_\_\_

### TRAINING

List any training that you have had that would benefit you in a position in our facility. \_\_\_\_\_

**JOB REQUIREMENTS**

- Do you maintain a consistent, good state of health that will allow you to provide the consistency needed when working with children?  Yes  No
- Would you experience any trouble coming to work in inclement weather?  Yes  No
- Are you able to view “discipline” as an opportunity to teach a coping skill?  Yes  No
- Do you consider yourself a team player, able to perform a variety of tasks needed to maintain quality care?  Yes  No
- Are you a flexible person, able to meet the daily challenges and changes within the center?  Yes  No
- Will you do your best to keep the children emotionally and physically safe in your care?  Yes  No
- Are you willing to submit to a physician’s examination or drug screening to determine your physical ability to perform the task required?  Yes  No
- Are you able to be flexible with your daily schedule to maintain the required classroom ratios?  Yes  No
- Are you willing and able to attend monthly, evening staff meetings?  Yes  No
- Are you willing to participate in training/workshops & conferences to meet the state requirements?  Yes  No
- Are you willing to volunteer your time to participate in occasional special events?  Yes  No
- Are you willing to participate in center fundraisers?  Yes  No
- We have a *no smoking or drugs on premise* policy. Can you adhere to this policy?  Yes  No
- Are you legally permitted to work in the United States?  Yes  No
- Are you willing to submit a Criminal History and Child Protective Services record check?  Yes  No
- Have you ever been convicted of an offense, other than minor traffic violations?  Yes  No
- If yes, please explain. \_\_\_\_\_

**Please write a brief statement regarding why you wish to work with young children and why you would like to be part of the CHEERS team.**

**EMPLOYMENT HISTORY**

List employment starting with your *most recent* position. Account for any time during this period in which you were not employed by stating the nature of your activities.

Employer	Dates		Position/ Title	
	From	To		
Address, City, State			Duties Performed	
Telephone				
Supervisor/ Title	Hourly Rate/ Salary			
	Starting	Final		
Reason for Leaving			Hours worked per week	May we contact?

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Reason for Leaving			Hours worked per week	May we contact?

Have you ever been known by another name in another workplace? Please explain. \_\_\_\_\_  
 \_\_\_\_\_

Have you been in the U.S. Military? \_\_\_\_\_  
 If so, Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

**REFERENCES**

Two references are required for employment. In the event that CHEERS cannot contact your listed references, are you willing to obtain written recommendation letters?  Yes  No

Please list at least three (3) persons non-related that have known you for at least six (6) months who we can contact regarding your ability to work with children.

Name	Address	Telephone & Best Time to Contact	Relationship

**PERSON TO CONTACT IN CASE OF EMERGENCY**

This information is to facilitate contact in case of an emergency and is not used in the selection process.

Full Name	Address	Phone	Relationship to you
Place of Employment	Address	Phone	

List the names of friends or relatives now or previously employed by CHEERS. \_\_\_\_\_

**EMPLOYMENT PROCESS**

Applications are accepted on an on-going basis. It will remain active for three months if it is fully completed. If an interview is arranged, you may be asked to visit the classrooms. This classroom visit is considered a “classroom interview” and is unpaid. The purpose of this visit is to acquaint you with our program and assess your interaction with the children and existing staff. Reference checks will be done and if you are offered employment, your employment is not considered complete until all necessary forms and documentation are returned.

**PLEASE READ THIS STATEMENT CAREFULLY**

I hereby affirm that the information given by me on this application is complete and accurate. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, educational background, and criminal record. I also authorize the references listed on this application to give CHEERS any pertinent information and release all parties from all liability. I understand that any falsification or omission either on this form or in my response to questions during any interview or other examination process is grounds for immediate termination of my employment no matter when the falsification or omission is discovered.

I understand that this application, either by itself or in conjunction with other company documents or policy statements, does not create a contract of employment. I understand that staff schedules and number of work hours are dependent on child enrollment and staff seniority and can be changed at any time without prior notice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: