

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Are you over 18? Yes  No  Hourly Wage Expectation: \_\_\_\_\_

Have you lived outside of the State of VA within the past 5 years? Yes  No

If the answer to the above question is yes, please advise what states you have lived in within the past 5 years: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Age Group Preferred: \_\_\_\_\_

Desired Schedule: \_\_\_\_\_

Would you be Interested in Being a Substitute? Yes  No

Have you ever been employed by CHEERS? Yes  No

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

Education

Type of School	Name & Location	Degree/ Area of Study	Number of Years Completed	Graduated? Yes or No, Please Explain.	Year Graduated

Do you have any additional Professional Development Training or Certificates? Yes  No

Please list any additional training or certificates you have along with expiration dates: \_\_\_\_\_

\_\_\_\_\_

Do you expect to complete an educational program in the future? \_\_\_\_\_

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: \_\_\_\_\_

### 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 <input type="checkbox"/> No <input type="checkbox"/>
Would you experience any difficulty coming to work in inclement weather?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to view discipline as an opportunity to teach a coping skill?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself a team player, able to perform a variety of tasks needed to maintain quality care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a flexible person, able to meet the daily challenges and changes within the center?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you do your best to keep the children emotionally and physically safe in your care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit a physician's examination or drug screening to determine your physical ability to perform the task required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to be flexible with your daily schedule to maintain the required classroom ratio?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able and willing to attend monthly evening staff meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to participate in training, workshops, and conferences to meet state training requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to volunteer your time to participate in occasional special events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to participate in center fundraisers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
We have a no smoking or drugs policy on premise policy, can you adhere to this policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally permitted to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit a Criminal History & Child Protective Services Record Check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of an offense other than a minor traffic violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.	Yes      No

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

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### References

Please provide at least 3 references that have known you for at least 6 months who we can contact regarding your ability to work with children.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment History

Employer:	Position / Title:
Address:	Dates Employed:
Phone Number:	Hourly Rate: Starting & Final
Supervisor:	Duties Performed:
Reason for Leaving & May we Contact?	Hours Worked per Week:

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Address:	Dates Employed:
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Phone Number:	Hourly Rate: Starting & Final
Supervisor:	Duties Performed:
Reason for Leaving & May we Contact?	Hours Worked per Week:

Have you ever been known by another name in a previous workplace? Please Explain:

\_\_\_\_\_

Have you been in the U.S. Military? If so, please provide additional information: \_\_\_\_\_

\_\_\_\_\_

Person to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Address: \_\_\_\_\_

List 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_