

# THE CHAPPELL CHILD DEVELOPMENT CENTERS

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
Last First M.I.

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_  
City, State Zip Code

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

E-mail Address \_\_\_\_\_

Previous Address \_\_\_\_\_  
City, State Zip Code

Position(s) applied for: \_\_\_\_\_ (circle) Full-Time or Part-Time

Have you worked for Chappell before? If yes, when? \_\_\_\_\_

**What hours are you available to work?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

List any relatives/friends working for Chappell \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Children: Name \_\_\_\_\_ Age \_\_\_\_\_

          Name \_\_\_\_\_ Age \_\_\_\_\_

          Name \_\_\_\_\_ Age \_\_\_\_\_

Have you been convicted of a crime (including sex-related or child abuse, misdemeanors & traffic offenses (for drivers)? \_\_\_\_\_

Do you physical limitations which might prevent you from doing certain types of work? \_\_\_\_\_

Have you experienced any major illnesses have you had in the past five (5) years? Please explain. \_\_\_\_\_

# EMPLOYMENT HISTORY

Note: List EVERY job held during the past FIVE years.

Business/School				Telephone (    )	
Address					
Employed (Month and Year)	From		To	Name of Supervisor	
May we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Job Title
Job Description					
Reason for leaving					

Business/School				Telephone (    )	
Address					
Employed (Month and Year)	From		To	Name of Supervisor	
May we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Job Title
Describe your work					
Reason for leaving					

Business/School				Telephone (    )	
Address					
Employed (Month and Year)	From		To	Name of Supervisor	
May we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Job Title
Describe your work					
Reason for leaving					

Business/School				Telephone (    )	
Address					
Employed (Month and Year)	From		To	Name of Supervisor	
May we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Job Title
Describe your work					
Reason for leaving					

Business/School				Telephone (    )	
Address					
Employed (Month and Year)	From		To	Name of Supervisor	
May we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Job Title
Describe your work					
Reason for leaving					

How many years experience do you have in Early Childcare?

Have you ever had a child care license with the Department of Children and Families or been registered to provide child care in your home? Circle: Yes / No

While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for a child care facility receiving an administrative fine or other disciplinary action? Circle: Yes / No

If yes, please explain:

## EDUCATION

School	Name and Location of School	Course of Study	No. of years completed	Graduate?	Degree
High School	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**(Teacher applicants only)**

Do you have your DCF 45-hours?

Do you have CDA? Type: \_\_\_\_\_

Do you have Director's Credentials?

Do you have current CPR/First Aid certificate?

Do you have VPK Credentials?

Do you have college coursework in Early Education, Nursing or Social Work?

Do you have college coursework in Business Administration?

Significant Work Experience

Duties Performed

Subjects / Grades Taught

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What is your philosophy of teaching?

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Name of person to contact in case of emergency :

Relationship

Home Number

Work Number

Cell Number

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## Personal References

(Please list persons unrelated to you)

1. \_\_\_\_\_ Telephone (     )

Address

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2. \_\_\_\_\_ Telephone (     )

Address

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3. \_\_\_\_\_ Telephone (     )

Address

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Please read the following carefully before signing.

I declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact on this application, regardless of when Chappell makes such a realization, may result in immediate termination of employment. I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you. I acknowledge that Chappell is a drug free/tobacco free workplace and my employment may be conditional upon successful completion of a Substance Abuse screening test as a part of Chappell's pre-employment policy. I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and Chappell retains the same rights. No Chappell representative has the authority to make any contrary agreement. I acknowledge that termination may result after three (3) warnings by a director, supervisor, or anyone in a managerial position.

Signature \_\_\_\_\_

Date \_\_\_\_\_