



child care & preschool  
Where Love and Learning Come Together!

## APPLICATION FOR EMPLOYMENT

*Instructions:* We consider applicants for all positions without regard to race, color, age, religion, sex, medical condition or handicap, or any other legally protected status. PLEASE PRINT.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Site Location: Brierwood Child Care Center - \_\_\_\_\_

Last Name: _____	First Name: _____	M.I.: _____
Street Address: _____		Apt #: _____
City: _____	State: _____	Zip Code: _____
Home Phone Number: (716) _____	Social Security Number: _____	

### Employment Desired:

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How did you learn of position? \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No If Yes, when? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If Yes, when? \_\_\_\_\_

Are you employed now?  Yes  No When would you be available to start work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment you are seeking:  FT  PT  Shift  Temporary  Summer

Hours and days you are available to work: \_\_\_\_\_

Do you have any restrictions or obligations that would prevent you from performing the job as described?  
 No  Yes If Yes, please explain. \_\_\_\_\_

### Personal Information:

Any other name(s) under which you have been previously employed or under which school records would be located?  
\_\_\_\_\_

Are you 18 years or older?  Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Are you prevented from lawfully becoming employed in the USA because of VISA or immigration status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime? (Conviction will not necessarily prevent employment)  Yes  No  
If yes, please list dates of offenses and dispositions: \_\_\_\_\_

Do you possess a valid NYS driver's license?  Yes  No  
Any special driver's licenses? \_\_\_\_\_

Have you ever had any job-related training in the US military?  Yes  No  
If yes, please describe: \_\_\_\_\_

**Education:**

	Elementary School	High School	College	Certification	Trade or Business
School Name					
Address					
Years Completed					
Graduated?	_ Yes _ No	_ Yes _ No _ GED	_ Yes _ No	_ Yes _ No	_ Yes _ No
Diploma/Degree					
Course of Study					

Describe any honors you have received: \_\_\_\_\_  
 Do you have any special interests or hobbies? \_\_\_\_\_

**Employment Experience:** *Please list your present or most recent job first.*

Dates Employed: From/To	Name, Address + Phone Number of Employer	Your Job Title/ Supervisor + Title	Position and Description of Work Performed	Pay Rate (Starting to Final)	Reason For Leaving

**Professional References:** *Please list at least three professional references.*

Name	Address	Phone #	Relationship	Years Acquainted

**Applicant's Statement:**

I certify the answers given in this application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment or if hired, this does not constitute any form of contract, implied, or expressed. Employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the Center.

I authorize investigation of all statements contained herein and the references and employers listed, to give you any and all information necessary in arriving at an employment decision.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**For Office Use Only: Applicant – DO NOT WRITE ON THIS PAGE. For Interviewers Only.**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Check:**

Done by: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Date: \_\_\_\_\_  
Results of reference check: \_\_\_\_\_  
\_\_\_\_\_

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Results of reference check: \_\_\_\_\_  
\_\_\_\_\_

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