

Scribes & Scribblers Child Development Center, Inc.

14101 Uhlin Drive

Middleburg Heights, OH 44130

Phone: (440) 884-5437 Fax: (440) 884-3009

APPLICATION FOR EMPLOYMENT

Date: _____

Personal Information

Name _____
Last First M.I. Email

Present Street Address _____
City State Zip

Daytime Phone: () _____ Mobile Phone: () _____

If you have lived outside the State of Ohio in the past 5 years, please list a previous address:

Previous Street Address _____
City State Zip

Are you legally eligible to work in the United States? Yes ☐ No ☐

Are you 18 years of age or older? Yes ☐ No ☐

Have you graduated High School or have your GED? Yes ☐ No ☐

Availability

Position Applying for: _____ Date Available to Start: _____

Desired Schedule: Full Time ☐ Part Time ☐ Seasonal ☐

Please check the days and/or hours available to work, or any special scheduling that may need accommodating:

Days Available to Work: Mon ☐ Tues ☐ Wens ☐ Thurs ☐ Fri ☐

Hours Available each day: _____

Salary Range Desired \$ _____ How far do you live from the Center? _____

Are you currently enrolled in School? _____ If yes, please indicate by circling: Day or Night

Employment History

(List all present and past employment beginning with the most recent)

Company Name and Address:		Immediate Supervisor:
Phone: ()	Pay rate at time of employment:	Dates of Employment: From: To:
Position Held:	Reason for Leaving:	May we contact this employer: Yes No
Company Name and Address:		Immediate Supervisor:
Phone: ()	Pay rate at time of employment:	Dates of Employment: From: To:
Position Held:	Reason for Leaving:	May we contact this employer: Yes No
Company Name and Address:		Immediate Supervisor:
Phone: ()	Pay rate at time of employment:	Dates of Employment: From: To:
Position Held:	Reason for Leaving:	May we contact this employer: Yes No

Declaration

(Carefully read and initial each section then sign at bottom)

I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, with the exception of contacting my present employer if I have so requested. I have read, understand and agree to the above statement. (Please initial here) _____

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance. I have read, understand and agree to the above. (Please initial here) _____

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Scribes & Scribblers, Inc., any employment relationship with the Company is considered "employment at will", which means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the Management Team of Scribes & Scribblers, Inc. I have read, understand and agree to the above statement. (Please initial here) _____

If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand and agree to the above statement. (Please initial here) _____

I have been advised and accept that at any time, I may be subject to a drug and/or alcohol screening, and without prior warning. I have read, understand and agree to the above statement. (Please initial here) _____

I authorize an inquiry into my background by all persons, schools, companies, corporations, and the references listed above to give representatives of Scribes & Scribblers, Inc. any and all information concerning my previous or current employment, my education, driving record, and all other pertinent information they may have, personal or otherwise, and release all parties from any liability from any damage that may result. I have read, understand and agree to the above statement. (Please initial here) _____

Signature:	Date:
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Education

	High School	Undergraduate College/University	Other
School Name/Location			
Circle Highest Year Completed	9 th 10 th 11 th 12 th	1 2 3 4 5	1 2 3 4
Diploma/Degree/Cert. Received			
Course of Study/Focus			

References

Please list the names, telephone numbers, occupations and personal association of individuals you have worked with in the past, preferably in the child care field, or whom you may have other job or school related references:

<i>Name</i>	<i>Phone</i>	<i>Occupation</i>	<i>Association to you</i>
<i>Name</i>	<i>Phone</i>	<i>Occupation</i>	<i>Association to you</i>
<i>Name</i>	<i>Phone</i>	<i>Occupation</i>	<i>Association to you</i>
<i>Name</i>	<i>Phone</i>	<i>Occupation</i>	<i>Association to you</i>

Special Skills

Do you have certification in any of the following classes (please indicate by circling):

Child Abuse First Aid Communicable Disease Infant/Child CPR Lifeguard/WSI

List Any Specific Early Childhood Education Courses you have previously taken, including any workshops, field experiences, student teaching, etc.

Do you have any experience working with children ages 12 months thru 12 years that you have not provided for yet on your application, that you would like us to be aware of?

Do you have any special talents, skills, or interests that you feel might be helpful in the position in which you are applying for:

Special Questions

Emergency Contact Information:

Name: _____ Relationship _____

Address &

Phone: _____

Do you have any physical or medical limitations that might preclude you from performing any work or responsibilities for which you are applying? Yes No

If yes, please explain _____

Have you previously applied for a position at Scribes & Scribblers, or have you previously worked at Scribes & Scribblers? Yes No

If yes, please check: within past 12 months _____ within 1 to 5 years ago _____

Have you ever been convicted of a felony or misdemeanor within the past 7 years?

Yes No

In the past two years, how much work have you missed:

Due to illness _____ :

Due to personal circumstances: _____

Due to other: _____

Additional comments: _____

Which age group of children are you most comfortable working with and why? _____

What do you consider your 5 most positive characteristics as they relate to the position for which you are applying? _____

How would you best define a child development center? _____

Personnel Department Use Only:

Position applying for: _____

Dates of interview: _____

Date offered Made: _____ Rate offered: _____

Notes: _____