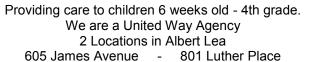


APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)





Last Name	First Name		Middle	Soci	al Sec	urity N	lo.	
Address (Street)	City State	e	Zip Code	Tele (phone)	Numb	per	
Permanent Address (If other	Permanent Address (If other than above)							
Is there any name, other than the one stated above by which you can be identified by previous employers or educational institutions?								
Position Applied For	· ·	n employ _No	red at this institution?	If so	, when n:	? To	o:	
Who Referred You?	Names and Relatio employed at this ins	•	relatives					
Date Available For Work	Full Time Part Time Substitute		If part time, what day	/s?	Sal	ary Ex	pecte	d
Will you work on call, if nec	essary?Y	'es	No					
Will you work other shifts in	emergencies?	Yes	No					
	EDUCA.	TIONAL	. HISTORY					
School	Name of Scho Location	Name of School Major Location Course			Circle Last Year Completed			
High School					Fr.	So.	Jr.	Sr.
					1	2	3	4
College, Trade or Professional					1	2	3	4
					1	2	3	4

EDUCATIONAL HISTORY (cont.)

		LDUCA			(COIIC.)			
Other, Include Milit	ary							
Honors and Activities (High School)				(College)				
Degree Atta	3	College GF			PA			
List Professional Registration Original Volunteer Experience: or License Number, if applicable Current						ce:		
Workshops	Workshops & professional conference attended:							
		rganizations to w know about in e					ocial, or political, that you ent:	
	EMPLOYM	ENT RECOR	D (List mo	ost recen	t positio	n first, inc	lude military)	
1.	Name o	f Employer	Address	Address		Telephone Number ()		
Date of hire	Your	Position	Last S	Last Supervisor Starting Sa		ing Salary	Final Salary	
	Description of V	Vork Performed:	ormed:					
to	to							
	Reason for leaving:							
2.	Name o	f Employer	Address	3			Telephone Number ()	
Date of hire	Your	Position	Last S	upervisor	Start	ing Salary	Final Salary	
	Description of V	Vork Performed:						
to								
	Reason for leaving:							

EMPLOYMENT RECORD (cont.)

3	}.	Name of Emp	oloyer	Address		Telephone Number ()		
Date hi	e of re	Your Positi	on	Last Supervis	sor	Starting Salary	Final Salary	
		Description of Work F	Performed:					
to	0							
		Reason for leaving:						
4	ļ <u>.</u>	Name of Emp	bloyer	Address			Telephone Number ()	
Date of hire		Your Positi	on	Last Supervis	sor Starting Salary		Final Salary	
Description of Work Performed:								
to								
	Reason for leaving:							
-	-	sently employed?	Yes	No		No		
II yes,	Illay v	we contact your preser		res (Not former emp	oloye			
		Name		dress	,	Phone	Occupation	
1.								
2.								
3.								
4.								

How many days have you missed from school or work in the last year?

I hereby authorize investigation of all statements contained in the application and I will hold no person liable for giving or receiving information in this investigation. I agree that if any misrepresentation has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by The Children's Center may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that any offer of employment made to me is conditioned upon taking and passing a physical examination. I further understand and agree that I will provide The Children's Center with any further medical history information or any other information The Children's Center deems necessary. I further understand that I may be the subject of an investigation report and that I hereby authorize The Children's Center to obtain from any local, state or federal law enforcement agency any information necessary to complete this investigation. I acknowledge that I have been informed of my right to request information obtained by The Children's Center regarding this investigation report, and The Children's Center will provide me with the name and address of the agency making the report. Any offer of employment made to me by The Children's Center may be terminated immediately by reason of my failure to provide the information requested or to cooperate in the gathering of that information or to submit to a physical examination as requested.

Additionally, I understand that nothing contained in the employment application or in the granting of an interview is intended to create any employment contract between The Children's Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is pending upon The Children's Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason and that The Children's Center retains a similar right regarding the discontinuation of my employment.

have provided in my employment application are true and complete. Upon my termination, I authorize the release of reference information on my work record.						
Date	Signature (do not print)	-				
Interview Comments:						

I hereby acknowledge that I have read and understand the above and hereby certify that the facts I

ATTITUDES ABOUT CHILDREN

(Sentence Completion)

1.	I think children are generally
2.	When children are unhappy
3.	When children behave inappropriately it is probably because
4.	It is important for teachers to
5.	When I see a child crying
6.	The thing that would make a preschooler most happy is
7.	The background of a child
8.	I get angry when children
9.	The thing that would make a baby most happy is
10.	Active children are
11.	Children should not be
12.	The hardest thing about growing up was
13.	When children fight, I think
14.	I think the most important thing for a child to be is
15.	When parents yell at children, I feel
16.	All children are
17.	I wish parents
18.	I like it when children
19.	I don't understand when children
20.	I am most curious when I see children