

**LEAP INTO LEARNING  
PRESCHOOL & EARLY DEVELOPMENT CENTER  
APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State equal employment opportunity laws applications are considered for positions without discrimination on the basis of race, sex, age, national origin, citizenship, disability, or any other consideration made unlawful by applicable Federal, State or Local laws.

PERSONAL INFORMATION: (PLEASE PRINT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Have you ever applied with us before?

What positions are you applying for?

If classroom position, what age group preference(s)

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Two's \_\_\_\_\_ Early preschool \_\_\_\_\_ Pre-k \_\_\_\_\_  
 Before/after school program

What type of employment are you applying for? Full time \_\_\_\_\_ Part time \_\_\_\_\_

Please indicate your availability for work in the table below

	Monday	Tuesday	Wednesday	Thursday	Friday
Earliest time in					
Latest time out					

What is your expected rate of pay per hour?

Do you have reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have children that will attend the preschool while you work? If so, what are their names and ages? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION:

	Name/address of institution	Major course of study	Date attended To From	Degree/Diploma obtained
High School				
College				
Graduate				
Other Please specify				

Describe any relevant specialized training, education, apprenticeship, qualifications and/or skills that would qualify you for this position. \_\_\_\_\_  
\_\_\_\_\_

Do you have the following? If so give the expiration date.

1. Green slip for negative tuberculosis test? Yes \_\_\_\_\_ No \_\_\_\_
2. Health card? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Metro card? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Drivers License? Yes \_\_\_\_ No \_\_\_\_ Any tickets or accidents? If so, give description and date \_\_\_\_\_
5. Social Security Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Training:

Training	Expiration Date
First Aid	
CPR	
Recognizing Signs/Symptoms of Illness	
Recognizing Child Abuse and Neglect	
Reporting Child Abuse and Neglect	
Blood Borne Pathogens	
SIDS	

Any additional training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate yourself of the following:(1 being the lowest and 10 being the highest)

Attendance: \_\_\_\_\_

Patience: \_\_\_\_\_

Organizational skills: \_\_\_\_\_

Cleanliness: \_\_\_\_\_

Positive Attitude: \_\_\_\_\_

Ability to work well with other: \_\_\_\_\_

Leadership abilities: \_\_\_\_\_

Creativity: \_\_\_\_\_

PERSONAL REFERENCES:

Name	Job Title	Phone	
Address	City	State	Zip
Name	Job Title	Phone	
Address	City	State	Zip
Name	Job Title	Phone	
Address	City	State	Zip

PERMISSION TO CONTACT:

I give Leap Into Learning Preschool & Early Development Center permission to contact the references listed above
_____ Signature of Applicant

EMERGENCY INFORMATION:

In the event of an emergency, notify one or both of the following people:		
Name	Relationship	Phone

Name	Relationship	Phone
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WORK HISTORY(Start with the most recent employer):

Company Name	Supervisor	Phone
Address	City	State Zip
From ___/___/___ To ___/___/___ Reason for leaving		
Starting hourly wage \$		Ending hourly wage \$
May we contact this employer?		

Company Name	Supervisor	Phone
Address	City	State Zip
From ___/___/___ To ___/___/___ Reason for leaving		
Starting hourly wage \$		Ending hourly wage \$
May we contact this employer?		

Company Name	Supervisor	Phone
Address	City	State Zip
From ___/___/___ To ___/___/___ Reason for leaving		
Starting hourly wage \$		Ending hourly wage \$
May we contact this employer?		

PERMISSION TO CONTACT:

I give Leap Into Learning Preschool & Early Development Center permission to contact the above previous employers for references purposes.

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

**APPLICANTS'S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigations of all statements contained in the application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to weather or not applications are being accepted at the time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand,also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date