A Shining Star Learning Center

APPLICATION FOR EMPLOYMENT

			Da	te://	
Last Name)	(First Name))		(Middle Initia	
Address)		(City)	(State)	(Zip Code)	
Home Phone)	(Cell Phone)	(Email A	Address)		
Employment Informa	tion				
Are you at least 18 years old?	\Box Yes \Box No	Date A	vailable to Start Work:		
osition Appling For:			Age Group Preferred:		
Number of Hours per Week Des	ired:		Anticipated Salary:	:	
Days and Hours of Availability:					
What do you feel most qualifies	you for this position?				
What are your professional goal	s?				
• • • •	y A Shining Star Learning Center				
Why did you leave?					
	ng Star Learning Center?				
How did you hear about A Shini Experience List below all present and past e					
How did you hear about A Shini Experience	ng Star Learning Center?	most present. People li	sted may be contacted		
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Education							
School	Name and Address of School	Major	Last Year Completed	Diploma or Degree			
High School							
College							
Other							

References

List business or professional references. NO relatives or friends. People listed may be contacted by A Shining Star Learning Center.

1.		
	(Name)	(Relationship)
	(Address/City/State)	(Phone Number)
2.		
	(Name)	(Relationship)
	(A)	(Dhana Mumhan)
	(Address/City/State)	(Phone Number)
3.		
	(Name)	(Relationship)
	(Address/City/State)	(Phone Number)

Employment Conditions

Have you ever been convicted of a felony, criminal offense, or disorderly persons offense? \Box Yes \Box No If yes, please state the nature of the offense, where the offense occurred, the date, and the sentence imposed:

Have you ever been discharged or forced to resign from a position? \Box Yes \Box No

A position in a childcare center may be physically and emotionally demanding. The demands include various things, such as the need to lift and carry children on a regular basis and the need to react quickly to any emergency situation. Are you able to fulfill these and other functions of the job, with or without reasonable accommodation? \Box Yes \Box No

Although such conditions are not a bar to employment, an accurate response is important for you safety, as well as that of other individuals at the work place. It may be necessary for A Shining Star Learning Center to determine whether a reasonable accommodation can be made.

I hereby certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application may result in rejection of this application or termination of employment.

Drug Testing: As a part of our commitment to provide a safe, healthy, and drug-free environment for our employees and children, employees may be periodically tested for illegal drug use. A Shining Star Learning Center will randomly select employees from time to time. If drug use is detected, immediate termination will occur.

I hereby release A Shining Star Learning Center from any and all liability of every kind and description incurred by virtue of conducting and investigation into my personal history, background, or character traits, including the matters set forth in confidential employment background questionnaires.

My signature signifies that I have read and agree to the foregoing.

(Signature)

(Date)

Written Response Application
Please print responses to the following questions.
1. In 100 words or less, describe yourself. (Use the back of this page if needed.)
2. What was the parenting style of the person who cared for you as a child (mother, father, other)?
3. Write about a specific occasion when you conformed to a policy even though you did not agree with it.
4. Describe two improvements you have made in your job in the past six months.
5. What do you feel would be the most common errors made in a position such as what you are applying for?
6. Why should A Shining Star Learning Center hire you?

Thank you for completing the application process for A Shining Star Learning Center.