

The Children's Hour

Drop-In Daycare

Application for Employment

Complete and deliver to:
The Children's Hour
Attn.: Director/Manager
600A Frazier Drive, Suite
130 Franklin, TN 37067

Please Print All Information

Date of Application: _____

All applicants will be considered for employment without regard to race, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. The Children's Hour is an equal opportunity employer.

Personal Information

Full Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Best Time to be Contacted: _____ Date of Availability: _____

Are you at least 18 yrs. of age? (circle one): YES / NO Email Address: _____

Please list the days & times you are available to work: _____

Are you available to be "on-call" at designated times? (circle one): YES / NO

Education

High School (name and location): _____

Years Attended: _____ Did you graduate? (circle one): YES / NO

College (name and location): _____

Years Attended: _____ Did you graduate? (circle one): YES / NO

Degree Received: _____

Special Studies: _____

Graduate Studies (name and location): _____

Years Attended: _____ Did you graduate? (circle one): YES / NO

Degree Received: _____

Special Studies: _____

List any Early Childhood Education classes you have taken or are currently enrolled in:

List any professional designations:

List any other special knowledge, skills or qualifications:

Employment History

Please start with your most recent job. Use the reverse page if necessary.

<p>1. Employer: _____ Address: _____ Job Title: _____ Most recent salary/hourly wage: _____ Dates of Employment (from): _____ (to): _____ Circle One: Full Time / Part Time Job Responsibilities: _____ _____ Name of Supervisor: _____ Phone: (_____) _____ May we contact this employer for a reference? (circle one): YES / NO</p>
<p>2. Employer: _____ Address: _____ Job Title: _____ Most recent salary/hourly wage: _____ Dates of Employment (from): _____ (to): _____ Circle One: Full Time / Part Time Job Responsibilities: _____ _____ Name of Supervisor: _____ Phone: (_____) _____ May we contact this employer for a reference? (circle one): YES / NO</p>
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References

As a child care facility licensed by the State of Tennessee Department of Human Services, you will be required to provide **three (3)** references to The Children's Hour using the forms attached at the end of this application. Reference forms shall be attached to and mailed with the completed employment application.

Certification and Authorization

The above information is true and correct. I understand that, in the event of my employment by The Children's Hour, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize The Children's Hour to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information about me to The Children's Hour and will hold The Children's Hour and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize The Children's Hour to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with The Children's Hour is intended to create an employment contract between myself and The Children's Hour under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by The Children's Hour or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant's Signature

Date

(NAME OF CHILD CARE AGENCY)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

REFERENCE QUESTIONNAIRE

CONFIDENTIAL

Your name was given as a reference by _____ who has applied for the position of _____ in the _____. As a condition of employment, an applicant/employee must have on file a record of 3 reference contacts. Please complete the questionnaire and return in as soon as possible in the enclosed envelope. I will be contacting you to confirm your statements. Thank you for your attention to this matter.

Director

Board Chair (If Applicable)

1. How long have you known the applicant? _____ In what capacity? (Your relationship) _____

2. Have you observed him/her with children? _____ Is so, in what situations? _____

3. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily child care? _____

4. What particular skills does he/she have in dealing with the children? _____

5. Does he/she understand the needs of young children? _____

6. Do you have concerns about his/her ability to provide child care? If so, explain. _____

7. Do you know of any conditions making this application/employee unsuitable for employment in a child care center? If so, please describe. _____

8. Additions Comments: _____

Signature

Daytime Phone Number

Date

(NAME OF CHILD CARE AGENCY)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

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