

Locations

100 Mona Terrace Fairfield, CT 06824 203-259-1327

20 Ivy Brook Rd. Shelton, CT 06484 203-402-0334 (Fax) 203-024-2555

(Fax) 203-259-7908 (Fax) 203-924-2555

Date of Application:	Location desired:	
Name:		
Address:		
Street	Apt. #	
City/town	State	Zip
Social Security Number		
Home Telephone: ()	Cell Number: ()	-
Number of Children:	Ages of children	
Crir	minal Check Information	
	we do a criminal check on all new employees. Please be aware that if fingerprinted. The following information is needed to complete our	
Have you ever been convicted of a feld	ony?	
Date of Birth:		
Maiden Name:		

Education

High School:
Address
Diploma: Yes No
College:
Address:
Year you graduated?
• Degree In:
 Total Credit earned toward completion? Number Farly Childhood Credits:
Number Early Childhood Credits:
Do you have a CDA (Child Development Associates Credential Certification)? Yes – No
Date of original certification?
 Have you renewed this certification, if so when?
Do you have a Head Teacher Certificate? YES/NO
Are you certified in Elementary Education from the state? YES / NO
If so, Date of certification: Major:
Graduate School:
Address:Years Attended: Major:
. oa.o /o
Are you planning to further your education?
 If yes, will it interfere with your work schedule or will you be attending around your work
commitments?
Other credentials/certifications?
Special courses or trainings:
Are you certified in: First Aide CPR certified:
Expiration date Expiration date
What prompted your application?
What position are you applying for?
When would you be interested in starting?
Days/Hours Available?
Expected Salary: (Required Information)

EMPLOYMENT HISTORY

		ung children:
Last Thre	ee Employers:	
•	AddressPhone Number () Date of hire: Duties:	 Date you left:
•	Supervisors Name: Reason for leaving:	
•	AddressPhone Number () Date of hire: Duties: Hourly Wage/Salary: Supervisors Name: Reason for leaving:	_ Date you left:
•	Company Name Address Phone Number () Date of hire: Duties: Hourly Wage/Salary: Supervisors Name: Reason for leaving:	
		s, not including relatives or former supervisors:
Address	:	Number ()
Address	s:	Number ()
Address: _		Number ()

PERSONAL RECORD

How would you describe your general health?
Do you have any physical or personal limitations on the type of work you can do with the children of the amount of time you can spend at work. If so please explain:
What are your hobbies?
Do you speak any foreign languages?
Do you play any musical instruments?
To what organizations do you belong? (Educational, professional, social, etc.)
Special Talents:
If eligible, do you wish to participate in our insurance plan?
Are you interested in employment for the school year and summer session?
Is there any additional information you would like to share?