



Locations

100 Mona Terrace 20 Ivy Brook Rd.
Fairfield, CT 06824 Shelton, CT 06484
203-259-1327 203-402-0334
(Fax) 203-259-7908 (Fax) 203-924-2555

Date of Application: _____ Location desired: _____

Name: _____

Address: _____

Street

Apt. #

City/town

State

Zip

Email Address: _____ Are you a citizen of the United States? YES NO

Home Telephone: (_____) _____ - _____ Cell Number: (_____) _____

In Case of Emergency, whom should we contact?

- Name _____
- Home number (____) _____ - _____ Work Number (____) _____ - _____
- Relationship: _____

Criminal Check Information

The State of Connecticut requires that we do a criminal check on all new employees. Please be aware that if you are hired you will also need to be fingerprinted.

The following information is needed to complete our records.

Have you ever been convicted of a felony? _____

Date of Birth: _____

Maiden Name: _____

Education

High School: _____

Address _____ Diploma: YES NO

College: _____

Graduated? YES NO Degree In: _____

Total Credit earned toward completion? _____

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: _____

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 training: _____

Are you certified in: First Aide _____ CPR certified: _____
Expiration date Expiration date

Have you taken the online Care 4 Kids Training YES NO Date of completion _____

Do you have experience working in a child care center? Yes or No If so, how many years _____

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

Last Three Employers:

- Company Name _____
- Address _____
- Phone Number (____) _____ - _____
- Date of hire: _____ Date you left: _____
- Duties: _____
- Hourly Wage/Salary: _____
- Supervisors Name: _____
- Reason for leaving: _____

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- Company Name _____
- Address _____
- Phone Number (____) _____ - _____
- Date of hire: _____ Date you left: _____
- Duties: _____
- Hourly Wage/Salary: _____
- Supervisors Name: _____
- Reason for leaving: _____

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- Company Name _____
- Address _____
- Phone Number (____) _____ - _____
- Date of hire: _____ Date you left: _____
- Duties: _____
- Hourly Wage/Salary: _____
- Supervisors Name: _____
- Reason for leaving: _____

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Please list three additional references, not including relatives or former supervisors:

Name: _____ Number (____) ____ - _____

Address: _____

Occupation: _____

Name: _____ Number (____) ____ - _____

Address: _____

Occupation: _____

Name: _____ Number (____) ____ - _____

Address: _____

Occupation: _____

PERSONAL RECORD

How would you describe your general health? _____

You must be physically able to lift a minimum of 40 pounds, and work indoors or outdoors. Must be able to assume postures in low levels to allow physical and visual contact with children, see and hear well enough to keep children safe, and engage in physical activity with children. Do you have any physical or personal limitations on the type of work you can do with the children or the amount of time you can spend at work. If so please explain:

If eligible, do you wish to participate in our insurance plan? _____

Do you speak any foreign languages? _____

Are you interested in employment for the school year and summer session? _____

Is there any additional information you would like to share? _____

