

Park View Child Development Center

7900 Oxman Road
Landover, MD 20785

APPLICATION FOR EMPLOYMENT

(Pre Employment Questionnaire)

PERSONAL INFORMATION

NAME DATE
Last First Middle

PRESENT ADDRESS
STREET CITY STATE ZIP

PHONE # ARE YOU 18 YEARS OR OLDER? YES NO

CELL PHONE # EMAIL ADDRESS

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY, A CRIME INVOLVING DISHONESTY, OR A CRIME INVOLVING VIOLENCE TO ANOTHER PERSON? YES NO

IF YES, PLEASE DESCRIBE, INCLUDING DATES CHARGED, PENALTIES, AND CURRENT DISPOSITION. NOTE: CONVICTIONS ARE NOT AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT.

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HOW MANY HOURS CAN YOU WORK WEEKLY?

FULL TIME ONLY: PART TIME ONLY NO PREFERENCE

EVER APPLIED TO THIS CENTER BEFORE? YES NO WHEN?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE / SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				

HAVE YOU COMPLETED ANY OF THE FOLLOWING COURSES?	
<input type="checkbox"/> 45 HOURS INFANT AND TODDLER TRAINING	<input type="checkbox"/> BASIC HEALTH AND SAFETY TRAINING
<input type="checkbox"/> 90 HOURS CHILD DEVELOPMENT	<input type="checkbox"/> BREASTFEEDING PRACTICES
<input type="checkbox"/> 45 HOURS SCHOOL AGE	<input type="checkbox"/> AMERICANS WITH DISABILITES ACT (ADA)
<input type="checkbox"/> 45 HOURS DIRECTOR ADMINISTRATIVE COURSE	<input type="checkbox"/> CDA
<input type="checkbox"/> 9 HOURS COMMUNICATION COURSE	<input type="checkbox"/> FIRST AID & CPR TRAINING

PLEASE LIST ALL JOB-RELATED ORGANIZATIONS, CLUBS, OR ACTIVITIES YOU ARE/WERE INVOLVED IN, EXCEPT THOSE THAT INDICATE RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, OR AGE.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIALS SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE- MONTH- YEAR	NAME, PHONE # AND ADDRESS OF EMPLOYER	SUPERVISOR NAME	POSITION	REASON FOR LEAVING	SALARY
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU / YEARS OF ACQUAINTANCE	TYPE OF REFERENCE (WORK, SCHOOL, PERSONAL)
1			
2			
3			

WHY DID YOU APPLY FOR THIS JOB AND WHY DO YOU THINK YOU ARE THE BEST PERSON FOR THE JOB?

WHAT AGE GROUP OF CHILDREN WOULD YOU FEEL MOST COMFORTABLE TEACHING AND WHY?

DECLARATION

I ACKNOWLEDGE THAT AN APPOINTMENT IF OFFERED WILL BE SUBJECT TO SATISFACTORY MEDICAL CLEARANCE AND EMPLOYMENT REFERENCES. I CAN CONFIRM THAT I AM IN CURRENTLY GOOD HEALTH.

I AUTHORIZE PARKVIEW CHILD DEVELOPMENT CENTER TO INVESTIGATE INFORMATION CONCERNING MY EDUCATION, EMPLOYMENT EXPERIENCES AND ALL OTHER ASPECTS OF MY BACKGROUND RELEVANT TO MY PROPOSED EMPLOYMENT. I RELEASE PARK VIEW CHILD DEVELOPMENT CENTER AND ITS EMPLOYEES FROM ALL LIABILITY ARISING SUCH INVESTIGATION.

I CAN CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND UNDERSTAND THAT ON APPOINTMENT ANY MISLEADING STATEMENTS OR DELIBERATELY FALSE INFORMATION WILL CONSTITUTE SUFFICIENT CAUSE FOR REFUSAL OF HIRE OR TERMINATION OF EMPLOYMENT.

SIGN

DATE

