

**Summit County Preschool
Application for Employment**

Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions will be based on job-related factors.

Applicant Name: _____ Date: _____

Mailing Address: _____

Home phone # _____ Cell phone # _____

Date of Birth: _____ Social Security Number: _____

Summit County Preschool is required to have fingerprints/criminal background checks on file for all employees.

Type of position desired:

____ Full Time ____ Part Time ____ Substitute ____ Summer/School Breaks

Preferred Classrooms: ____ Infant Room ____ Three year old room
 ____ One year old room ____ Mixed age preschool
 ____ Two year old room ____ Four/Five year old preschool

Please check all that apply:

____ Group Leader Qualified ____ Infant Nursery Supervisor Qualified
____ Director Qualified ____ AA/BA/MA in ECE or related field
____ CO Early Childhood Credential Level _____

Date available to start work _____

Have you previously been employed by Summit County Preschool? Yes No

If yes, when? _____

What brought you to Summit County Preschool?

Newspaper Ad CO Workforce Center Parent/Board member ECO/Head Start
Current SCP employee _____ Other _____

Please list any special training or skills, membership in professional organizations, civic activities and offices held, and anything else relevant to the position for which you are applying:

Education:	Name/Address of School	Number of years Completed/Degree
<small>(Copies of college transcripts required)</small>		
High School or GED	_____	_____
College/Vocational	_____	_____
College/Vocational	_____	_____
College/Vocational	_____	_____
Any other names used: _____		

Work History:

Job Title: _____

Name of Employer: _____ May we contact this employer? _____

Address: _____ Phone # _____

Supervisor: _____ Dates of Employment: _____

Reason for leaving: _____

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Address: _____ Phone # _____

Supervisor: _____ Dates of Employment: _____

Reason for leaving: _____

Please provide 2 professional references

Name: _____	Phone # _____
Address: _____	alt. Phone # _____
Name: _____	Phone # _____
Address: _____	alt. Phone # _____

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize all persons, schools, past employers, and organizations listed to provide any relevant information and opinions which may help in making a hiring decision.

I understand that this application, verbal or written statements by management, or subsequent employment do not imply a contract of employment. If hired, I understand that I have been hired at the will of the employer and my employment may be terminated at any time.

Applicant Signature: _____ Date: _____