

EMPLOYMENT OPPORTUNITIES

STATE STATUTES REQUIRE THAT ADMINISTRATION HIRE STAFF WHO HAVE THE PERSONAL QUALITIES TO WORK WITH CHILDREN, PARENTS AND PEERS. (Section 19a-79-4a-(3) a, b, c.)
BELOW LISTS THE QUALITIES THAT WE LOOK FOR DURING THE HIRING PROCESS AND EVALUATE WHILE THE STAFF MEMBER IS WORKING ON THE FLOOR.

FLEXIBLE

CLEAN

SENSE OF HUMOR, PLAYFUL

ENCOURAGES CULTURAL DIVERSITY

EMPATHETIC / NURTURING

COMMON SENSE

MOTIVATED

GOOD WORK ETHIC

PUNCTUAL

OPEN TO NEW IDEAS, WILLING TO GIVE AN IDEA A CHANCE

PERSONABLE, WARM, FRIENDLY

GOOD OBSERVER

PROBLEM SOLVER

PATIENT

FOCUSED WITHOUT HAVING TUNNEL VISION

EMOTIONALLY RESILIENT TO ADVERSARIAL CIRCUMSTANCES

ABLE TO ACT INDEPENDENTLY WHILE RESPECTING AUTHORITY

ENTHUSIASTIC

MATURE

CALM

TEAM PLAYER

ABLE TO SEE FROM THE CHILD'S PERSPECTIVE

GOOD WORK HABITS

ATTENTIVE

SHOW INITIATIVE

STRIVE TO IMPROVE ONE'S KNOWLEDGE OF EARLY CHILDHOOD DEVELOPMENT

ALWAYS DOES "WHAT IS BEST FOR THE CHILD"

APPLICATION FOR EMPLOYMENT

WK ____ GU ____ JJ ____

We are an equal opportunity employer, dedicated to a policy of non discrimination in employment on any basis including race creed or color, age, sex, religion or national origin

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ D.O.B: _____

NAME: _____

Last first middle

Present Address: _____

Street city State Zip

Permanent Address: _____

Street city State Zip

Phone: _____ Are you 18 years or older? ___ yes ___ No

If related to anyone in our employ, state name: _____

Referred by: _____

EMPLOYMENT DESIRED

Position: _____ When can you start? _____ Salary desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? ___

Ever applied here before? _____

Are you interested in: FULL TIME _____ OR PART-TIME _____ (please check)

EDUCATION	Name of School	# yrs attended	Did you Graduate?	Subjects Studied

Activities other than religious: _____

VOLUNTEER WORK: _____

PREVIOUS EMPLOYMENT				
Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving

Please list below the hours you are available to work: WHIZ KIDS is open 6:30am to 6:00pm Mon thru Fri

MON	TUE	WED	THURS	FRI	SAT	SUN
					WK CLOSED	WK CLOSED

References:

Give below the Names of Three Persons Not Related to You, Whom You have Known at Least 1 year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

PHYSICAL RECORD

Do you have any physical condition, which may limit your ability to perform the job for which you are being considered?

Yes___ No___ If yes explan: _____

In case of Emergency Notify: _____
 Name Address phone

Have you ever been arrested or convicted of a crime? ___yes ___no if yes explain: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and any information concerning my previous employment and any pertinent information than may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date: _____ Signature: _____

For office only:

Interviewed by: _____ Hired? _____ Positon: _____ Salary: _____
 Responsibilities:

Does applicant need: Medical Insurance: _____ Dental Insurance? _____ 401K _____