



EMPLOYMENT APPLICATION TOP Early Learning Center

TOP Schools considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME: _____ DATE: _____
 ADDRESS: _____ E-MAIL: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: _____ CELL PHONE: _____

POSITION DESIRED: _____
 DATE AVAILABLE TO START: _____

Please list your prior work experience or field related to position sought starting with your most recent place of employment. Please include up to three.

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes/No		

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/ PROFESSIONAL DEGREE				
OTHER				

Please list any additional Educational/Specialized Training you have received related to the job for which you are applying:

Please answer the following questions with yes or no:

1. Are you at least 18 years of age? _____ Can you provide proof of your age if required? _____
2. Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.? _____
(Proof of citizenship or immigration status will be required upon employment)
2. Are you available to work any time as scheduled between the hours of 6:00 a.m. and 8:30 p.m.? _____
If No, please indicate the times you are available to work. _____
3. To your knowledge are you related to any child currently enrolled in this program? _____
If yes, please list child's name and your relationship: _____

4. To your knowledge are you related to anyone currently serving on the Board of Directors for this agency? _____
If yes, please list the Board Members name and your relationship: _____

5. Have you ever been convicted of or have an indicated report of any crime against a child? _____
6. Have you ever been convicted of any crime or have pending criminal actions against you? _____
If yes, please explain: _____

If selected for employment, your hiring will be conditional pending receipt of certified results from the NATSB background check.

Please answer the following questions that would pertain to your employment at TOP, briefly but succinctly in the space allotted: You may be asked to expand upon your answers in an interview format.

1. Why have you chosen to work in Early Childhood Education? _____

2. What do you find rewarding about working with children and families? _____

3. When you walk past a classroom you notice a respected veteran teacher handling a child roughly, pulling the child's arm and sitting the child harshly into a seat, and speaking with an inappropriate tone and attitude. You are the only witness to this incident, what would you do?

4. A child in your classroom has been bitten. The mother of the child is furious and demands to know who bit her child and even goes as far as to threaten legal action if the identity of the child who bit her child is not disclosed immediately. How would you handle this parent?

PERSONAL/PROFESSIONAL REFERENCES: Do not include family members.

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

APPLICANT'S STATEMENT:

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

Printed Name

Date

Signature

Thank you for your interest in being employed with TOP Early Learning Center. Upon review of completed applications a representative of TOP Early Learning Center will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

TOP Early Learning Center is an "AT-WILL" employer. The "AT-WILL" employment relationship affords the employee the right to resign for any reason. Likewise, the employer may terminate the relationship at any time, with or without cause and with or without notice. The "AT-WILL" employment relationship may not be altered by any written document or by verbal agreement, unless such alteration is specifically acknowledged in writing and signed by an authorized executive of TOP Early Learning Center.

USDA NONDISCRIMINATION STATEMENT The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

OFFICE USE ONLY:

Received by: _____ Date: _____

Interview Scheduled: Date: _____ Time: _____ Location: _____