

WILLIAMSBURG COMMUNITY CHILD CARE CENTER

APPLICATION FOR EMPLOYMENT for Classroom Staff

802 Franklin St. / P.O. Box 837, Williamsburg, IA 52361
www.williamsburgchildcare.com wburg4cs@gmail.com

Name _____
Last
First
Middle I.

Home Address _____
Street

City
State
Zip Code

Phone Number _____ Text ok? Yes No

Alternate Phone Number _____

Email Address: _____

POSITION CATEGORY The Center is open M – F, 6am – 6pm, year-round.

Full time Yes No **Part Time** Yes No

Do you have experience working with special needs children? Yes No

Please check the areas you are qualified in or would consider:

- Infants age 6 wks – 2 years 2 years old – 3 years old
- 3 years old – 4 years old 4 years old – 5 years old
- School-Age (Kindergarten through 6th grade)

- **Summers:** Circle days you can be available: M T W TH F / Hours _____
 _____ Lead Teacher
 _____ Classroom Assistant
 _____ Summer Substitute
- **School-Year:** Circle days you can be available: M T W TH F / Hours _____
 _____ Am Classroom Asst: Hours (7 - 8am) In addition: Delayed Starts and No School Days
 _____ Pm Classroom Asst: Hours (3:45 - 6pm) In addition: Early Release and No School Days
 _____ School-Year Substitute

If selected, when can you start work?

EDUCATION AND TRAINING

Please circle highest year of education completed. HIGH SCHOOL: 9 10 11 12 COLLEGE: 13 14 15 16

EDUCATION	SCHOOL NAME	SCHOOL ADDRESS	COURSE OF STUDY
High School or GED			
College			

List any Experience/Work Areas related to child care:

Current certification:

____ First Aid: Expires _____ _____ Mandatory Reporter: Expires _____
 _____ CPR: Expires _____ _____ Universal Precautions: Expires _____

EMPLOYMENT HISTORY – List most recent employer first.

Employer			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street	City	State	Zip Code
Telephone Number			
Position Held	Wage/Salary \$	Employed From Month – year to Month Year	
List Job Responsibilities			Supervisor Name
Reason for Leaving			

Employer			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street	City	State	Zip Code
Telephone Number			
Position Held	Wage/Salary \$	Employed From Month – year to Month Year	
List Job Responsibilities			Supervisor Name
Reason for Leaving			

PERSONAL REFERENCES – Furnish two references. Do not list former supervisors or family.

Name of Reference 1	Relationship
Daytime Phone Number	Length of Acquaintance
Name of Reference 2	Relationship
Daytime Phone Number	Length of Acquaintance

Is there anything else you would like us to know about you?

EMPLOYMENT POLICY – PLEASE READ AND SIGN

W4C’s/KIND Care is an Equal Opportunity Employer: Equal employment opportunity and affirmative action will be applied in recruitment, hiring, compensation, fringe benefits, staff development and training, promotion, and any other condition of employment regardless of race, creed, color, religion, sex, marital status, disability, age, national origin, veteran status, or any other nonperformance factors.

All offers of employment are contingent on the applicant passing a physical examination, verification of information in this application and a negative report on the State of Iowa Criminal History Records Check and Federal fingerprint search.

I CERTIFY that the statements herein are correct and true to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered cause for dismissal. I agree to hold free from liability persons furnishing information regarding my character and qualifications for employment. I agree that W4C’s and KIND Care may also furnish like information upon request to any prospective employer, and I will not hold W4C’s liable therefore. I agree that the confidential information obtained or released to W4C’s and KIND Care will not be released to me.

Additionally, I understand that nothing contained in this employment application, in the granting of an interview, an offer of employment, or hire is intended to create an employment contract with W4C’s and KIND Care. If an employment relationship is established, I understand that employment at W4C’s and KIND Care is AT WILL EMPLOYMENT; that is, the employee or W4C’s and KIND CARE may terminate it at any time with or without cause.

Applicant Signature

Date