



2880 Pottsville-Minersville Highway  
 Suite 210  
 Minersville, PA 17954  
 570-544-8959 • 800-433-3370  
 FAX: 570-544-6915

# EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resources Specialist

## APPLICANT INFORMATION

Last Name		First Name		M.I.	DATE
Street Address		Apartment/Unit #	City		State Zip
Phone Number Home: _____ Cell: : _____		E-Mail Address		Position Applied For	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Date Available:					
Are you a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Child Development, Inc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?	
Have you ever been convicted of a crime? <small>(Conviction will not necessarily disqualify applicant from employment.)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please explain.	
If you are under 18 years of age, can you provide proof of eligibility to work?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential job functions, as stated on the job description and meet the attendance requirements for the position for which you are applying?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**NOTE: All applicants will be tested for illegal drugs and must secure Child Abuse, Criminal and FBI Finger Print Clearances**

## EDUCATION

High School	Course of Study	Circle Last Year Completed	List Diploma or Degree
Address		1 2 3 4	
Post-High School Education/College or University	Course of Study	Circle Last Year Completed	List Diploma or Degree
Address		1 2 3 4	
Other	Course of Study	Circle Last Year Completed	List Diploma or Degree
Address		1 2 3 4	

## SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

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(OVER)

**EMPLOYMENT HISTORY – Start with your current or most recent employer and work backwards**

<b>1</b> Employer _____ Address _____ City/State/Zip _____ Phone Number _____	Job Title	Supervisor	Dates of Employment
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
<b>2</b> Employer _____ Address _____ City/State/Zip _____ Phone Number _____	Job Title	Supervisor	Dates of Employment
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
<b>3</b> Employer _____ Address _____ City/State/Zip _____ Phone Number _____	Job Title	Supervisor	Dates of Employment
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving
	Hourly Rate/Salary	Worked Performed	Reason for Leaving

Please check which employer above that we may NOT contact:     1     2     3     4

**PERSONAL REFERENCES – List three (3) references that are not related to you and are not previous employers.**

NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ RELATIONSHIP _____ PHONE/E-MAIL HOME: _____ WORK: _____ CELL: _____ E-MAIL: _____	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ RELATIONSHIP _____ PHONE/E-MAIL HOME: _____ WORK: _____ CELL: _____ E-MAIL: _____	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ RELATIONSHIP _____ PHONE/E-MAIL HOME: _____ WORK: _____ CELL: _____ E-MAIL: _____
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**APPLICANT’S STATEMENT – DO NOT SIGN UNTIL YOU HAVE READ THE STATEMENT BELOW.**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Child Development, Inc. is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Child Development, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant’s Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date