



Carmelite
Child Development Center

APPLICATION FOR EMPLOYMENT

Carmelite Child Development Center provides equal employment opportunities (EEO) to all employees and applicants for employment regardless of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The Center expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status. Improper interference with the ability of our employees to perform their expected job duties is absolutely not tolerated.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Center Address:		
City:	State:	Zip:
Center Phone:	Mobile Phone:	
Position Desired:	Shift Desired:	
Salary Desired:	Date Available to Start:	
Email Address:		
How did you learn about this exciting opportunity? <input type="checkbox"/> Company Website <input type="checkbox"/> Referral from Employee: (Please provide name) _____ <input type="checkbox"/> Indeed <input type="checkbox"/> Other (Please specify) _____		
List any friends or relatives working for this company:		
Have you been previously employed by this company: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give date(s) and position(s): _____		
Can you, after employment, submit documentation of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Why do you want to work for Carmelite Child Development Center?		

EMPLOYMENT INFORMATION

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Explain any gaps in employment history.

Most Recent / Present Employer:	Phone number:
Address:	Employed – (state month and year) From: To:
Supervisor Name:	Hourly rate/Salary Start: Last:
Position:	Reason for leaving:
Briefly describe your duties:	
Previous Employer:	Phone number:
Address:	Employed – (state month and year) From: To:
Supervisor Name:	Hourly rate/Salary Start: Last:
Position:	Reason for leaving:
Briefly describe your duties:	
Previous Employer:	Phone number:
Address:	Employed – (state month and year) From: To:
Supervisor Name:	Hourly rate/Salary Start: Last:
Position:	Reason for leaving:
Briefly describe your duties:	
Previous Employer:	Phone number:
Address:	Employed – (state month and year) From: To:
Supervisor Name:	Hourly rate/Salary Start: Last:
Position:	Reason for leaving:
Briefly describe your duties:	

EDUCATION INFORMATION

School	Name & Location	Course of Study	Number of Years Completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special skills / competencies: (technical, training, seminars etc.)					

MILITARY INFORMATION

Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duty/specialized training:

CERTIFICATIONS / LICENSURE INFORMATION

Please list all professional licenses and certifications.		
Type:	Type:	Type:
Date Issued:	Date Issued:	Date Issued:
State Issued:	State Issued:	State Issued:
License / Certification Number:	License / Certification Number:	License / Certification Number:
Expiration Date:	Expiration Date:	Expiration Date:
<p>Have you ever had any certificate, license, registration or other privilege denied, revoked, suspended, restricted, censured, reprimanded, or placed on probation by a state or U.S. jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with, action by such authority?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide reason:</p>		
<p>Are there any disciplinary actions or allegations pending or substantiated, against you or your certification or professional license in any state or U.S. jurisdiction?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide reason:</p>		

ADDITIONAL QUESTIONS

Can you perform the essential functions involved in the job or occupation for which you applied either with or without reason accommodations?	[] YES [] NO
May we contact your present employer?	[] YES [] NO
Have you filed an application with us before?	[] YES [] NO
Are you at least 16 years of age?	[] YES [] NO
Have you ever been terminated or asked to resign from any position?	[] YES [] NO If yes, please provide reason:
Have you ever been convicted of a crime? (Misdemeanor or Felony. Conviction includes guilt by trial, a plea of guilty, or a plea of Nolo Contendre)	[] YES [] NO If yes, state the date, crime, location, nature of offense, disposition and punishment imposed.
Are you willing to submit to a drug test and / or physical examination upon a conditional offer of employment?	[] YES [] NO
State any additional information, such as volunteer work or other skills and experiences in which you believe may be beneficial to us in considering you for employment at Carmelite Child Development Center.	
Please list any job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those which indicate your race, religious creed, color, national origin, sexual orientation, ancestry, sex, or disability.)	
If you have used other names in the past, please list all other names you have used which the Center may need to check your previous employment, education, or licensure.	

REFERENCES

Please provide 3 professional references who are not related to you and who are not previous employers.			
Reference #1:	Name:	Relationship:	Phone Number:
Reference #2:	Name:	Relationship:	Phone Number:
Reference #3:	Name:	Relationship:	Phone Number:

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand and agree that, if hired, my employment with Carmelite Child Development Center is at will and that either Carmelite Child Development Center or I can terminate the employment relationship at any time, for any reason, with or with notice. I further understand that neither this application nor any other employer communication I may receive constitutes an employment contract.

In the event that I am employed, I understand that regardless of the shift and job that I am first employed. I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Center. I understand that I must meet the standards established by the Center for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or drug test. I understand also, that if employed, I am required to abide by all rules and regulations of the Center. I understand that no supervisor, officer, agent, or representative of the Center, other than its Administrator, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of ninety (90) days. If I wish to be considered after ninety (90) days, I recognize that I must complete a new application for employment.

I grant permission to the Center to investigate my personal, educational, and work histories thoroughly. In addition, I authorize the Center to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or any other entity which may include both or general and personal information about me. I, furthermore, release the Center and its agents from liability for any acts or omissions occurring during either such investigation or confirmation, or both. I further release any one or more of individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to the Center's inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that the Center may deny my application for employment or if it has already employed me that the Center may terminate my employment because of information obtained during the Center's investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with the Center regardless of when, how, or why my employment ends, and regardless of whether the Center or I terminate my employment. I authorize the Center to release information about my employment history with the Center and release the Center and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

Certification and Authorization:

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize **Carmelite Child Development Center's** right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

Applicant's Signature: _____ Date: _____

Carmelite Child Development Center
1111 N. Woodlawn, MO 63122
Kirkwood, MO 63122

Authorization for Release of Information

I, _____ have applied for a position with the above facility. **I authorize this employer to conduct a consumer criminal background check for employment purposes and to contact any of my references and former employers.** I respectfully request that you furnish the necessary information concerning my employment with your organization and I hereby release you from any and all liability of damages for providing the information requested.

Applicant's Approval

Date

Office Use Only – Below this Line

=====EMPLOYMENT VERIFICATION=====

Is this information correct?

If not please correct here:

Employed from ___/___/___ to ___/___/___

Employed from ___/___/___ to ___/___/___

Position _____

Position _____

How would you rate this person?

	Excellent	Good	Fair	Poor
Quality of work	()	()	()	()
Dependability	()	()	()	()
Attendance	()	()	()	()
Completing Assigned Duties	()	()	()	()
Job Knowledge	()	()	()	()
Attitude	()	()	()	()

Eligible for rehire? () Yes () No

Reason for termination _____

Remarks _____

Please fax to Carmelite Child Development Center at 314-822-3573