



Application for Employment

Personal Information			Date of Application:		
Last Name		First Name		Middle	Preferred Name
Other Name(s) you have worked under?					
Current Address			Current Telephone Number		
City	State	Zip	Email Address		
Are you 18 years or older?		If no, provide date of birth			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Permanent Address (if different than above)					
City	State	Zip	Telephone Number	Email Address	

Position Applied For:		Expected Salary:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute		Days Available to Work M T W T H F		Times available to work
Have you previously applied for employment with Looking Glass Learning Center?		If yes, when?	For what position?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have relatives employed by Looking Glass Learning Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship				
How did you hear about Looking Glass Learning Center?				

Education (Transcripts Required)				
High School Attended		City		State
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED				
Post High School Education (College, Graduate, Business, CDA, etc.)				
College Attended _____		Dates Attended _____		
City _____ State _____		Field of Study _____		
Degree/Certification Received _____		Total Education Credits _____		Years Completed _____
College Attended _____		Dates Attended _____		
City _____ State _____		Field of Study _____		
Degree/Certification Received _____		Total Education Credits _____		Years Completed _____
Are you currently enrolled in classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which classes?				
List any lifesaving or other emergency medical training courses you have completed:				
Course _____		Date of Expiration _____		
Course _____		Date of Expiration _____		
Course _____		Date of Expiration _____		

What extracurricular activities did you participate in or special skills did you acquire, at the above school(s) which might be helpful for the job in which you are applying?

We are an EQUAL OPPORTUNITY EMPLOYER and will not discriminate on the basis of race, color, religion, sex, ethnic origin, age, marital status, handicap or disability in the hiring of our certified and/or non-certified personnel.

Employment History- Beginning with your present or most recent employer, describe your employment experiences below:

Company Name _____ Dates of Employment- from mo./yr. _____ to mo./yr. _____
 Address _____ City _____ State _____ Zip _____
 Supervisor's Name _____ Telephone Number _____
 Starting Position _____ Starting Salary _____ Ending Position _____ Ending Salary _____
 Description of your work & responsibilities: _____
 Reason for leaving: _____

Company Name _____ Dates of Employment- from mo./yr. _____ to mo./yr. _____
 Address _____ City _____ State _____ Zip _____
 Supervisor's Name _____ Telephone Number _____
 Starting Position _____ Starting Salary _____ Ending Position _____ Ending Salary _____
 Description of your work & responsibilities: _____
 Reason for leaving: _____

Company Name _____ Dates of Employment- from mo./yr. _____ to mo./yr. _____
 Address _____ City _____ State _____ Zip _____
 Supervisor's Name _____ Telephone Number _____
 Starting Position _____ Starting Salary _____ Ending Position _____ Ending Salary _____
 Description of your work & responsibilities: _____
 Reason for leaving: _____

Supplemental Driving Information- Required if you will be driving a company vehicle. If not, continue on to Background Clearance.

Do you have a valid driver's license? Yes No | License Number _____ | State _____

List accidents & violations within the past three(3) years. If none, write "NONE"

Date	Description of Accident or Violation

Have you ever been denied a license, permit or the privilege of operating a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of these questions, please explain in detail: (attach sheet if necessary)

Background Clearance
1. Do you have, or have you applied for the legal right to remain permanently and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been discharged or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
3. Have you ever been investigated by child protective services or any comparable entity regarding your ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain
4. Have you ever been convicted of any crime (misdemeanor or felony) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
5. Have you ever had a determination related to child abuse, child neglect and/or unlawful sexual offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

References			
Please provide three references who are not family or close friends. List supervisors or those who know you in a working environment and who can comment on work integrity. List references for any child related experiences.			
1	Contact Name	Occupation	Company
	Relationship to Applicant	Telephone Number	Email Address
2	Contact Name	Occupation	Company
	Relationship to Applicant	Telephone Number	Email Address
3	Contact Name	Occupation	Company
	Relationship to Applicant	Telephone Number	Email Address

<p>By signing below I certify that I have read, understand and agree to each of the following statements:</p> <ul style="list-style-type: none"> • All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge and I have not knowingly withheld any information which, if known to Looking Glass Learning Center, would affect my application unfavorably. • This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with Looking Glass Learning Center after this period of time, I must fill out another application. • I understand that nothing contained in this Employment Application or in the granting of an interview is intended to create an employment contract between Looking Glass Learning Center and myself for either employment or for the providing of any benefit. If an employment relationship is established I understand that my employment is "AT WILL" and can be terminated, with or without cause, with or without notice, at the option of either Looking Glass Learning Center or myself. • In consideration of my employment with Looking Glass Learning Center, I agree to abide by all of Looking Glass Learning Center's rules and regulations. • If granted a position with Looking Glass Learning Center, I agree to produce documents such as a high school diploma, college diploma, college transcripts or other items that verify information contained in this application. • If an offer of employment is made to me, I understand that I may be required to take a physical examination at my expense. • If I am hired by Looking Glass Learning Center, and if Looking Glass Learning Center discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.
--

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-603, C.R.S, and upon conviction thereof shall be punished accordingly.

Applicant Name (print)

Signature

Date

Please answer the following questions, so that we can gain a better knowledge of you and your experience with children.

1. Why do you want to work for Looking Glass Learning Center?
2. What do you see as your strengths for a job in a childcare center?
3. How does this job fit in with your overall career goals?
4. How would a friend describe you?
5. How will Looking Glass Learning Center benefit from having you in the center?
6. What special aspects of your previous work experience or your education has prepared you for this job?
7. Give 3 examples of activities for children who are under the age of 18 months.
8. Please give an example of a Fine Motor Activity and a Gross Motor Activity you could do with a preschooler.

Thank you for your interest in Looking Glass Learning Center.