

BLOSSOM HILLS CHILD DEVELOPMENT CENTER
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
 (LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
 (STREET) (CITY) (STATE, ZIP)

PERMANENT ADDRESS _____
 (STREET) (CITY) (STATE, ZIP)

HOME PHONE _____ CELL PHONE _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

HAVE YOU APPLIED OR WORKED WITH US BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED/ #HOURS
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE			
GRADUATE STUDIES			
PROFESSIONAL WORKSHOPS/SEMINARS			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ? _____ WRITE? _____

ACTIVITIES: CIVIC, ATHLETIC, ETC. _____

ARE THERE ANY PHYSICAL OR PERSONAL LIMITATIONS ON THE TYPE OF WORK YOU CAN DO WITH CHILDREN AT SCHOOL OR THE AMOUNT OF TIME YOU CAN SPEND AT WORK? _____ YES _____ NO PLEASE EXPLAIN: _____

DO YOU HAVE ANY MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS WHICH COULD AFFECT YOUR ABILITY TO PERFORM THIS JOB? _____ PLEASE EXPLAIN: _____

Employees must be enrolled in the Criminal History Registry. Employment is subject to criminal records and/or fingerprinting and child protective services record checks as required by ORS 181.537.

Are you currently enrolled in the OR Criminal Registry? _____ R#? _____ Expiration? _____

ARE YOU LOOKING FOR PART TIME OR FULL TIME WORK? _____

BLOSSOM HILLS IS OPEN FROM 7:00AM-6:00PM. ARE THERE ANY TIMES DURING THESE HOURS THAT YOU WILL BE UNABLE TO WORK? _____

ARE YOU WILLING TO SUBSTITUTE OR BE ON CALL? _____ YES _____ NO

WHAT AGE GROUPS DO YOU PREFER TO WORK WITH? RANK ON A NUMBER SCALE: TOP PRIORITY 1, LOWEST PRIORITY 6.

INFANTS	TODDLERS	2½ -3 YEARS	3 -4 YEARS	4 - 5 YEARS	KINDERGARTEN/SCHOOL AGE (K-6)

FORMER EMPLOYERS

DATE MONTH & YEAR	NAME, ADDRESS, PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES

YOUR COMPLETED APPLICATION WILL NOT BE CONSIDERED WITHOUT A PASTORAL LETTER OF REFERENCE.

GIVE BELOW, THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE	BUSINESS/OCCUPATION	YEARS AQUAINTED
1.			
2.			
3.			

I understand that this application may be withdrawn or employment may be terminated if I have made any misrepresentations on this form. I authorize Blossom Hills CDC to contact all references to seek job-related information about me, and I release Blossom Hills CDC and all other persons and companies from liability for furnishing or obtaining such information.

SIGNATURE _____ DATE _____

I also understand that this employment is for an indefinite period and may be terminated by either the employee or the employer at any time, with or without notice and with or without cause.

SIGNATURE _____ DATE _____

Blossom Hills Applicant Packet Questionnaire

(Add additional paper if needed)

- 1. When and why did you become interested in young children?**
- 2. Describe your philosophy of education.**
- 3. How do you gain a child's trust?**
- 4. What do you feel is important in dealing with parents and staff:**
- 5. What three qualities do you possess, as a teacher, which you would bring to us?**
- 6. Tell us about your relationship with Jesus Christ.**
- 7. What are some of your personal and professional goals?**