



INFINITY LEARNING CENTER

EMPLOYMENT Application

Personal Information

FULL NAME _____ SSN# _____ - _____ - _____

ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS: _____

BIRTHDATE _____ **AT LEAST 18 YRS OLD?** Y N

POSITION APPLYING FOR _____ PART TIME / FULL TIME

AGE GROUP PREFERENCE _____ DESIRED PAY RATE _____

HOURS AVAILABLE _____ (circle) SU M T W TH F SA

Do you have any commitments that may affect your work schedule? Explain. _____

If hired, can you provide proof that you are entitled to work in the USA? Y N

Do you have any friends or family currently working here? Y N

NAME _____ POSITION _____

Education

	Years Completed	Name, City/State	Major/Degree	Date Completed
HIGH SCHOOL	9 10 11 12	_____	_____	_____
COLLEGE	1 2 3 4	_____	_____	_____
COLLEGE	1 2 3 4	_____	_____	_____
GRAD/PROF	1 2 3 4	_____	_____	_____
TRADE	1 2 3 4	_____	_____	_____

CHDV/ECE UNITS Amount of units completed _____ Transcripts available? _____

Certificates/Licenses: _____

Mark the following items that you currently possess

_____ Health Card with _____ Food Handler Endorsement _____ Child Care Endorsement

Expiration Date: _____

_____ Sheriffs Card with _____ Child Care Endorsement

Expiration Date: _____

CPR/First Aid Certification: Date Completed: _____

Expiration Date: _____

_____ Signs/Symptoms of Illness _____ Child Abuse/Neglect



References

(at least 2 personal & 3 professional)

PERSONAL:

NAME _____ PHONE NUMBER (____) _____

YEARS KNOWN _____ RELATIONSHIP _____

NAME _____ PHONE NUMBER (____) _____

YEARS KNOWN _____ RELATIONSHIP _____

PROFESSIONAL:

NAME _____ PHONE NUMBER (____) _____

YEARS KNOWN _____ RELATIONSHIP _____

NAME _____ PHONE NUMBER (____) _____

YEARS KNOWN _____ RELATIONSHIP _____

NAME _____ PHONE NUMBER (____) _____

YEARS KNOWN _____ RELATIONSHIP _____

Background Information

Have you ever worked for this Center? If yes, specify date. _____

Have you ever applied for this center? If yes, specify date. _____

How did you hear about this position? _____

List any other names you have used _____

Do you have adequate transportation to and from work? _____

Do you have any children who may be or is currently attending our center? If so, please list.

NAME _____ AGE _____ DOB _____ GRADE _____

NAME _____ AGE _____ DOB _____ GRADE _____

NAME _____ AGE _____ DOB _____ GRADE _____

NAME _____ AGE _____ DOB _____ GRADE _____

Criminal Background

Have you ever plead no contest or guilty to a crime or been convicted of a crime other than minor traffic offenses? Have you ever been arrested for any matters for which you are currently out on bail or on trial for? Are there any chargers currently pending against you? Has any jurisdiction ever been withheld? If answered **YES** to any of the above questions, please explain including dates.



Job Related Experiences

What is your experience with children? Indicate ages worked with, and responsibilities including volunteer work that may be applicable to this job:

Please describe any other experiences or skills that you possess which may be relevant to this job:

What is your philosophy in the education of young children?

What are the top 3 priorities to you as a teacher?

Describe an age appropriate art/sensory project for your preferred age group and how you would implement it. Age group: _____ Project: _____

Implementation: _____



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Applicants Statement

(Initial next to each statement)

_____ I understand that **Infinity Learning Center** is committed to providing an equal opportunity in all employment practices, including but not limited to selection, hiring, promotions, transfers and compensation to all qualified applicants and employees without regard to age, race, color, origin, gender, pregnancy or pregnancy related conditions, religion, handicap or disability, citizenship or service member status or any other category protected by federal, state or local law.

_____ I authorize former and present employers, and professional, work and personal references listed in the application and any other individuals I may name to give the Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liabilities for any damages that may result from furnishing same to the Center. I also authorize the Center to provide truthful information concerning my employment with it to the future employers and I agree to hold them harmless for providing such information.

_____ I certify that I do not use illegal drugs. I understand that the Center reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any and such tests. I consent to the release of the results of any such tests to the Center or its designee. I release the Center and its designee from any and all damages that may result or arise from any drug test or the provision of information in connections with such a test.

_____ I understand that specific laws, regulations and rules apply to the Center's operation and I agree to comply with all such applicable laws, regulations and rules. I also agree to comply with all applicable laws, regulations and rules that may apply to my own initial certification and continued certification to work for the center.

_____ I understand that this employment application and any other Center documents are not premises for employment. **SHOULD I BE EMPLOYED, I UNDERSTAND THAT EMPLOYMENT WILL BE ON AN AT-WILL BASIS, I CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT ADVANCE NOTICE AND THAT THE CENTER HAS THAT SAME RIGHT.** I understand that no manager, representative, or agent of the Center has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the owner may do so in writing.

_____ I certify that the information given in this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (9 the Center's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

_____ I certify that I have received a separate written notification that the center may obtain a consumer report on me for use in connection with my application and, if I am hired, my employment with the center, I authorize the Center to obtain this report.

_____ This application is to be considered active for a maximum of 30 days. If you wish to be considered for employment after that time, you must reapply.

Do not sign until you have read and understand all of the above statements.

Printed Name

Signature

Date



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Special Applicants Certification
(Initial next to each statement)

In addition to those statements contained on the Applicant Statement portion of the Employment Application. Applicants are required by state law and regulations to certify to certain facts before being considered for employment in a child care facility. Therefore, pursuant to the Department of Human Resources, Division for Child and Family Services Bureau of Child Care Chapter 432A regarding Services and Facilities for Care of Children, I certify to the following:

_____ I certify that I am over 16 years of age, physically able to summon help in an emergency, and emotionally and physically qualified to carry out a program which places emphasis on the development of children.

_____ I do not have a criminal record not including minor traffic violations, if any.

_____ I have never abused, neglected or deprived a child, adult, or subjected any person to a serious injury as a result of intentional or grossly negligent misconduct.

_____ I consent to a criminal background check and screening for child abuse and/or neglect.

_____ I am not listed on any sex offender registry as a sex offender.

_____ I will comply with all state requirements for initial certification and continuing certification.

_____ I will comply with the Center's standards of regular attendance and all other regulations and policies as described in the employee handbook.

Printed Name

Signature

Date



Additional Requirements

In addition to having special applications certification requirements, applicable state law or regulations also require that:

1. Every caretaker of children in a childcare facility must be:
 - a. At least 16 years of age
 - b. Able to summon help in an emergency
 - c. Emotionally and physically qualified to carry out a program which places emphasis on the development of children.
2. Whenever a childcare facility is in operation, at least one of the caretakers on duty must have completed a program for the recognition of Signs of Illness and CPR/1st Aid.
3. Every member of the staff of a facility, including a volunteer, shall present to the director of the facility written evidence that the employee is free from communicable Tuberculosis, to be placed in the employee's file. The evidence must be in the form of a report that states that the employee is free from active Tuberculosis as a required pursuant to subsection 2 or 3.
4. Before a person, including a person who has received a Bacillus Calmette-Guerin/BCG vaccination, begins employment at a facility, he /she must submit a:
 - a. Mantoux Tuberculin Skin test, or
 - b. Chest Radiograph and examination by a provider of health care that is authorized to diagnose active tuberculosis, within the 12 months immediately preceding the first day of employment at the facility.
5. The provider shall establish and maintain a personnel file for each employee. Each employee file shall include:
 - a. Employee application with record of previous employment and related references
 - b. Evidence of applicable credits, certifications and credentials. An initial medical evaluation with the TB test results.
 - c. Current record of all related training successfully completed and certification obtained by the employee, including training in such areas as the administration of 1st Aid and CPR as required pursuant to NAC 432A.322.
 - d. Copy of each evaluation of work performance.
 - e. Copy of Registration as an alien, if applicable.
 - f. Copy of the results of the investigation of background/personal history.
 - g. Copy of the rules of conduct for employees which has been signed by the employee indicating that he/she has received and understands the rules.

Printed Name

Signature

Date