



Primm ABC Child Care/Preschool & ECEAP Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT IN INK

Name _____ Date of Application: _____
LAST FIRST MIDDLE

Home Address: _____
NUMBER & STREET APT. # CITY STATE ZIP

Home Telephone # (____) _____ Cellular Telephone # (____) _____

Driver's License/ID _____ Are you over 18 years of age? Yes No
NUMBER STATE EXP. DATE

If less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Email: _____

POSITION DESIRED

Position Title _____ Date Available _____ Salary Desired _____

Full-time Part-time Days/Hours available: _____

Have you been employed by Primm before? Yes No If yes, give date: _____

Do you have any friends or relatives employed at Primm? Yes No

If yes, list the names and relationship:

Choose last grade Completed: High School: 9 10 11 12 College: 1 2 3 4 5 6

Proof of your education credentials will be required upon employment.

Names of Schools Attended Address/City/State Degree/Major Did you graduate?

HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Skills/ Additional Training: (i.e., Foreign Languages, certifications, software, etc.)

Membership in Professional Organizations: _____

Branch of Service	Discharge Date Rank

“See Résumé” is NOT ACCEPTABLE

PERSONAL

EDUCATION/TRAINING

LIST PRESENT OR LAST EMPLOYMENT FIRST

EMPLOYER:		JOB TITLE:	IMMEDIATE SUPERVISOR:
ADDRESS:		BRIEF DESCRIPTION OF DUTIES:	
CITY:	STATE:	ZIP:	
TELEPHONE NO.			
MONTH/YEAR		MONTH/YEAR	
FROM:	TO:		
HOURLY OR ANNUAL SALARY			
START BASE:	FINAL BASE:		
REASON FOR LEAVING:			
ACCOUNT FOR PERIOD BETWEEN JOBS:			

May we contact your present employer? Yes No

EMPLOYER:		JOB TITLE:	IMMEDIATE SUPERVISOR:
ADDRESS:		BRIEF DESCRIPTION OF DUTIES:	
CITY:	STATE:	ZIP:	
TELEPHONE NO.			
MONTH/YEAR		MONTH/YEAR	
FROM:	TO:		
HOURLY OR ANNUAL SALARY			
START BASE:	FINAL BASE:		
REASON FOR LEAVING:			
ACCOUNT FOR PERIOD BETWEEN JOBS:			

EMPLOYER:		JOB TITLE:	IMMEDIATE SUPERVISOR:
ADDRESS:		BRIEF DESCRIPTION OF DUTIES:	
CITY:	STATE:	ZIP:	
TELEPHONE NO.			
MONTH/YEAR		MONTH/YEAR	
FROM:	TO:		
HOURLY OR ANNUAL SALARY			
START BASE:	FINAL BASE:		
REASON FOR LEAVING:			
ACCOUNT FOR PERIOD BETWEEN JOBS:			

PLEASE LIST THREE PERSONS, EITHER PERSONAL OR PROFESSIONAL, WHO PRIMM CAN CONTACT AND WHO ARE ABLE TO EVALUATE YOUR KNOWLEDGE AND ABILITY.

Do not include family members

NAME			
TITLE			
COMPANY			
ADDRESS CITY, STATE			
EMAIL:			
TELEPHONE NO.			

EMPLOYMENT HISTORY

REFERENCES

Are you legally authorized to work in the United States? Yes No
 (Proof of citizenship and work authorization will be required upon employment in accordance with federal regulations.)

If not a U.S. Citizen, please indicate type of Visa: _____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

APPLICANT'S STATEMENT

I CERTIFY THAT ANY AND ALL STATEMENTS, WHICH I HAVE SET FORTH IN THIS APPLICATION, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENTS I HAVE MADE HEREIN MAY SUBJECT ME TO BE DISCHARGED AT ANY TIME, IN THE EVENT THAT I AM HIRED. I AUTHORIZE PRIMM TO INVESTIGATE AND MAKE INQUIRIES CONCERNING MY PREVIOUS EMPLOYMENT AND OTHER INFORMATION I HAVE PROVIDED IN THIS APPLICATION. I HEREBY RELEASE PRIMM FROM ANY LIABILITY ON ACCOUNT OF OR ARISING OUT OF THE EXCHANGE OF SUCH INFORMATION.

IF I AM OFFERED EMPLOYMENT, I AGREE THAT PRIOR TO OR AT THE COMMENCEMENT OF MY EMPLOYMENT I WILL PROVIDE ORIGINAL DOCUMENTS TO PRIMM, WHICH VERIFIES MY IDENTITY AND RIGHT TO WORK UNDER THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 ("IRCA"). I ALSO AGREE THAT PRIMM MAY PROVIDE PHOTOCOPIES OF THE FORM ON WHICH MY IDENTITY AND RIGHT TO WORK IS VERIFIED (THE "I-9" FORM) AND ANY SUPPORTING DOCUMENTATION SUBMITTED BY ME TO ANY PERSON WHO IN CONNECTION WITH EFFECTING COMPLIANCE WITH IRCA, HAS A LEGITIMATE INTEREST IN THE INFORMATION CONTAINED THEREIN.

IN COMPLETING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE

DATE

Applicants applying for teaching position must complete essay questions.

- 1. What are the characteristics of a high quality early childhood program?**
- 2. What particularly interests you about working with young children?**
- 3. What is your approach to classroom behavior and discipline?**
- 4. Please describe any experience you have with emergent curriculum?**
- 5. Why do you feel you would be an asset to this school?**