



2011 Dean Street, Saint Charles, Illinois 60174
630-587-9400

EMPLOYMENT APPLICATION

Please print or type all information.

General Information

Name: _____ Date: _____

Address: _____ Phone #: _____

_____ Email: _____

Position Applying For: _____ Age Group Preferred: _____

Min. # of Hours per Week Desired: _____ Min. Salary Acceptable: _____

If teacher applicant, are you available for substitute work? _____

Are you at least 18 years of age? Y N Are you a citizen of the United States? Y N

If no, are you authorized to work in the U.S.? Y N Have you ever been convicted of a felony? Y N

If yes, explain: _____

Date Available to Start: _____

What are your interests and hobbies? _____

In case of emergency notify: _____ Relationship: _____

Address: _____ Phone #: _____

Would your child/children attend Learning Connections Preschool? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Diploma: _____

Are you planning to further your education? Y N When/Where? _____

Other special training/experience/certification/diploma: _____



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Experience (must be completed. Indicate last three employers) *(This section must be completed with accurate employer's name, address, and phone number. Upon employment, verification of the last three employers will be made.)*

Company: _____ Dates: _____ Salary: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Position & Duties: _____

Reason for leaving: _____

Company: _____ Dates: _____ Salary: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Position & Duties: _____

Reason for leaving: _____

Company: _____ Dates: _____ Salary: _____

Address: _____

Phone: _____ Name of Supervisor: _____

Position & Duties: _____

Reason for leaving: _____

Educational/Curriculum Philosophy: _____

References

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____



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In order to determine if I have characteristics that qualify me to work effectively with children or otherwise determine my suitability for employment with Learning Connections Preschool, I authorize Learning Connections to contact any references or other sources to obtain personal background information regarding me.

I certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application may result in rejection of this application at any time even after I am employed and may result in my immediate dismissal.

In the event of my employment with Learning Connections Preschool, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the date effective.

It is my understanding that the first three months of my employment are probationary, and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice.

Applicant's Signature: _____

OFFICE USE ONLY

Date to start work: _____ Room: _____ Salary: _____

Position: _____ Replaces: _____ Perm/Temp: _____

Notes: _____

