**Noah’s Ark Learning Center**

100 Tippett Court

Sunbury, Ohio 43074

(740) 965-KIDS

Kim Low, Owner Mandy Manley, Director

**Application for Employment**

**Personal Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

First M.I. Last

Present Address

Street City State Zip

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Yes No email address

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #

Month Day Year

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Position Applied For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary Desired

Full-Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part-Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temporary

If Part-Time, list days, hours/week

Date Available for Employment

Class/Age Group Preferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Choice 2nd Choice

Are you willing to work overtime? Yes No

Are you willing to attend after-hours staff meetings, if necessary? Yes No

Are you willing to attend the required in-service training courses? Yes No

Are you over 18 years of age? Yes No

Since reaching age 18, have you ever been convicted of any criminal

offence other than a minor traffic violation? Yes No

If yes, please explain

May we contact your present employer for references? Yes No

Employers have a legal duty with regard to each employee’s safety. You, your fellow workers’ and the children’s safety is of utmost importance to Noah’s Ark Learning Center. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical or mental condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation, as to your abilities to perform the essential functions as described in the job description. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job in accordance with the job description.

Are you able to perform all essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If no, please explain

**Physical Record**

List any physical defects

Ever injured? \_\_\_\_\_\_\_ Give details

General physical condition \_\_\_\_\_\_\_\_\_\_\_ Vision \_\_\_\_\_\_\_\_\_\_ Speech \_\_\_\_\_\_\_\_\_\_\_ Hearing

Heath conditions being treated

In case of emergency please notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone

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Please list personal references (not relatives or employers) who are acquainted with your work history and you have known at least one year.

1.

Name Address Phone # Relationship Years Known

2

Name Address Phone # Relationship Years Known

3.

Name Address Phone # Relationship Years Known

**Education**

Name and Circle Last Did You Diploma/Degree

Address Year Completed Graduate? Year Earned

High School 1 2 3 4 Yes\_\_\_No\_\_\_\_

College 1 2 3 4 Yes\_\_\_No\_\_\_\_

Major Degree

Future Plans

Professional License/Certifications

\_\_ CPR \_\_\_1st Aid \_\_ Child Abuse \_\_ Communicable Disease \_\_Child Development \_\_ STUQ

**Work Experience**

Please list employment record with your most recent employer first.

Employer Dates (Mo/Yr) Work Performed

From\_\_\_\_To\_\_\_\_

Address

Job Title Hourly/Salary

Start\_\_\_\_\_\_\_\_\_\_Final

Supervisor & Telephone #

Reason for Leaving

Employer Dates (Mo/Yr) Work Performed

From\_\_\_\_To\_\_\_\_

Address

Job Title Hourly/Salary

Start\_\_\_\_\_\_\_\_\_\_Final

Supervisor & Telephone #

Reason for Leaving

Employer Dates (Mo/Yr) Work Performed

From\_\_\_\_To\_\_\_\_

Address

Job Title Hourly/Salary

Start\_\_\_\_\_\_\_\_\_\_Final

Supervisor & Telephone #

Reason for Leaving

Special Skills – Are there any experience/special skills you feel would qualify you to work in child care?

I am interested in: driving the Noah’s Ark bus \_\_\_\_ furthering my education in child care \_\_\_\_

**General Questions**

1. Why would you like to be employed by Noah’s Ark Learning Center?

2. Why are you the best person for the job you’ve applied for?

3. In what ways can you contribute to and strengthen staff unity and teamwork at Noah’s Ark Learning Center?

4. Why have you chosen child care as your career?

5. As a Christian facility, please state how you would incorporate your relationship with God into the classroom?

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I learned about the employment opportunities at Noah’s Ark Learning Center from:

Friend \_\_\_\_\_\_\_\_\_\_ Employee \_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_

Applicant Agreement

I understand that any false answers or statements made by me on this application, or any false statements made to the administrative staff during the interview process, will be sufficient grounds for non-employment and/or immediate discharge, regardless of when discovered.

I understand that Noah’s Ark Learning Center may make a thorough investigation of my character, reputation, and past employment history. I authorize the giving and receiving of any such information requested by this Center (including criminal background information and drug abuse history) and hereby release all former employers of any liability for any information they provide.

I understand and voluntarily agree that if hired, I will complete all educational courses required by Noah’s Ark Learning Center and the Ohio Department of Human Services and that failure to complete such courses, when required, may result in my immediate dismissal.

I also understand that my employment is subject to the completion of a medical evaluation, which includes a physical from my own doctor, at my own expense. This medical evaluation must be completed after an offer of employment has been extended to you, and completed before the first day of work.

I understand that I am required to have a criminal background check and that I must sign a non-conviction statement.

I understand and agree that in the performance of my duties as an employee of Noah’s Ark Learning Center, I must hold in confidence any and all information that I come in contact with regarding my employer, it’s business and/or any family/child information.

In consideration of my employment, I agree to conform to the policies and rules of Noah’s Ark Learning Center and understand that my employment can be terminated with or without cause, at any time at the discretion of the employer.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date