

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

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 Address	Circle Last Year Completed	Did You Graduate?	Diploma/Degree Year Earned
High School	_____	1 2 3 4	Yes___No___	_____
College	_____	1 2 3 4	Yes___No___	_____
Major	_____	Degree	_____	_____
Future Plans	_____			
Professional License/Certifications	_____			
<input type="checkbox"/> CPR <input type="checkbox"/> 1 st Aid <input type="checkbox"/> Child Abuse <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Child Development <input type="checkbox"/> SUTQ				

Work Experience

Please list employment record with your most recent employer first.

Employer	Dates (Mo/Yr) From ___ To ___	Work Performed
Address		
Job Title	Hourly/Salary Start _____ Final _____	
Supervisor & Telephone #		
Reason for Leaving		

Employer	Dates (Mo/Yr) From ___ To ___	Work Performed
Address		
Job Title	Hourly/Salary Start _____ Final _____	
Supervisor & Telephone #		
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Employer	Dates (Mo/Yr) From ___ To ___	Work Performed
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?

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?

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 _____