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Children's Learning Center

905 S. 4th St. ♦ P.O. Box 531 ♦ DeKalb, IL 60115 ♦ (815) 756-3506 ♦ www.clcdaycare.org
Nancy Teboda, Executive Director



APPLICATION FOR EMPLOYMENT

TB skin test and health clearance form are required for employment.
You must submit your college transcript with this completed application for employment consideration

APPLICANT INFORMATION – Please print clearly and complete all portions.

First Name	MI	Last	Are you over age 21? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address
Local Address	Street	City	State	ZIP	Primary Phone
Permanent Address	Street	City	State	ZIP	Secondary Phone
Position for which you are applying	Language(s) in which you are fluent			How would you describe your general health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Are you a/n <input type="checkbox"/> Full-time DeKalb-area resident? <input type="checkbox"/> N.I.U. student? <input type="checkbox"/> Kishwaukee College student? <input type="checkbox"/> Other (please explain) _____					

PREVIOUS EMPLOYMENT – Include the last 10 years of employment, including complete addresses. Attach additional sheets if necessary.

Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street	City	State	ZIP
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street	City	State	ZIP
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street	City	State	ZIP
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street	City	State	ZIP
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street	City	State	ZIP

EDUCATIONAL BACKGROUND – Circle the HIGHEST LEVEL you have completed.

Elementary Grade	High School	Years of College (undergraduate)	Years of Graduate Work
K 1 2 3 4 5 6 7 8	1 2 3 4 GED	1 2 3 4	1 2 3 4

Name of high school _____

Name of college(s) _____

Major(s) _____

Degree(s) currently held _____

Other special training (specify) _____

I certify that, to the best of my knowledge, all of the information contained in this application is complete and accurate, including any attachments to this application.

Applicant Signature

Date

Date Employed _____	Position _____	Date Terminated _____
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Applicant Name _____

Application Date _____

REFERENCES – Provide complete contact information for three (3) individuals who are at least 21 years old and not related to you. Your references' complete street addresses (with city, state, and ZIP code) **AND** e-mail addresses are required so that we may contact them. **At least two (2) of your references must be professional.**

1	First Name _____	Last Name _____	Relationship to You _____		Phone _____
	Address Street _____		City _____	State _____	ZIP _____
2	First Name _____	Last Name _____	Relationship to You _____		Phone _____
	Address Street _____		City _____	State _____	ZIP _____
3	First Name _____	Last Name _____	Relationship to You _____		Phone _____
	Address Street _____		City _____	State _____	ZIP _____

I authorize Children's Learning Center to contact each of my references to request information about me, including knowledge of my previous employment record and suitability for the position for which I am applying.

Applicant Signature _____

Date _____

AVAILABILITY

I am interested in working: full time part time beginning on _____ (date).

Children's Learning Center's hours of operation:

Main Center: Monday-Friday 6:35 AM-5:30 PM
 School-age Sites: Monday-Friday Before School: 6:45 to start of school day
 Monday-Friday After school: End of school day to 5:30 PM

I expect to be available to work on the following schedule:

	<input type="checkbox"/> Summer (list hours below)	<input type="checkbox"/> Fall Semester (list hours below)	<input type="checkbox"/> Spring Semester (list hours below)
Mondays	From _____ to _____	From _____ to _____	From _____ to _____
Tuesdays	From _____ to _____	From _____ to _____	From _____ to _____
Wednesdays	From _____ to _____	From _____ to _____	From _____ to _____
Thursdays	From _____ to _____	From _____ to _____	From _____ to _____
Fridays	From _____ to _____	From _____ to _____	From _____ to _____
	Beginning date _____	Beginning date _____	Beginning date _____
	Ending date _____	Ending date _____	Ending date _____

EMERGENCY CONTACT

Name _____ Relationship _____
 Address _____ City _____ State _____ ZIP _____
 Primary Phone (_____) _____ Secondary Phone (_____) _____

