

6/11
3/12
4/14
2/23

Children's Learning Center

905 S. 4th St. ♦ P.O. Box 531 ♦ DeKalb, IL 60115 ♦ (815) 756-3506 ♦
www.clcdaycare.org Shannon Alamia, 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	Type of Work		
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street City State ZIP	Type of Work		
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street City State ZIP	Type of Work		
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street City State ZIP	Type of Work		
Dates (mm/yy) From _____ to _____	Employer Name	Your Title		
	Address Street City State ZIP	Type of Work		

EDUCATIONAL BACKGROUND – Circle the **HIGHEST LEVEL** you have completed.

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

Date Employed _____ Position _____ Date Terminated _____

Applicant Name

Application Date

Applicant Signature

Date

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 _____	E-mail* _____	
2	First Name _____ Last Name _____	Relationship to You _____	Phone _____
	Address Street _____ City _____ State _____ ZIP _____	E-mail* _____	
3	First Name _____ Last Name _____	Relationship to You _____	Phone _____
	Address Street _____ City _____ State _____ ZIP _____	E-mail* _____	

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 (_____) - _____

Applicant Name

Application Date

THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES DAY CARE CENTER LICENSING STANDARDS REQUIRES A BACKGROUND INQUIRY.

1. Have you ever been convicted of a crime other than a minor traffic violation? yes no

2. If the answer is yes, list all pertinent details:

I verify that my answers to questions 1 and 2 are true and correct to the best of my knowledge.

Applicant Signature

Date

Witness Signature

Date

This form will be maintained in a confidential file for 5 years. Access will be limited to the Executive Director of Children’s Learning Center, the Associate Director of Children’s Learning Center, and the Director of the Department of Children and Family Services or his/her designee.