



Mt. Edgecumbe Preschool
Employment Application
Position: Preschool Teacher

Name _____ Phone _____

Mailing Address _____

SSN _____

Are you age 18 or older? Yes ___ No ___

High school graduate or G.E.D. recipient? Yes ___ No ___

Education		
College, University, or Technical School	Major field of study	Degree or Certification

Describe any other relevant education or training you have.

List current professional licenses, certificates, or endorsements.

Are you willing to participate in continuing education for this position? Yes ___ No ___



EMPLOYMENT AND EXPERIENCE *(Please use additional sheets if necessary or attach resume.)*

Please list all positions held in the last 10 years, beginning with the most recent. **Please include volunteer positions.**

Dates	Position	Primary responsibilities	Employer	Address

Please describe any responsibilities from your listed employment experience that are relevant to the position of Preschool Teacher at Mt. Edgecumbe Preschool.

Please describe any other relevant experience or skills you have.



REFERENCES

Please list at least three people, including two who are not related to you, who can comment on your qualifications for the position of Teacher at Mt. Edgecumbe Preschool.

Name	Mailing Address	Phone Number

May we contact your present employer for a reference? Yes___ No___

PERSONAL HISTORY

Have you ever been licensed to care for children or adults?

No___ Yes___ If yes, please indicate city, state, and type of care and dates of licensure.

Have you ever had a license to care for children or adults revoked or denied in any state?

No___ Yes___ If yes, please attach an explanation.

Have you ever been investigated for child or elder abuse or neglect?

No___ Yes___ If yes, please attach an explanation.

Do you have any physical, health, mental health, or behavioral problem that might pose a significant risk to the health, safety, or well-being of children or adults?

No___ Yes___ If yes, please attach an explanation.

Do you have a domestic violence problem or an alcohol or substance abuse problem that might pose a significant risk to the health, safety, or well-being of children?

No___ Yes___ If yes, please attach an explanation.

Have you been convicted of a crime or charged with a criminal offense in the last 10 years?

No___ Yes___ If yes, please attach an explanation.

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime?

No___ Yes___ If yes, please attach an explanation.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I authorize the employer to contact the persons listed as references and I understand that the employer may contact others to verify information contained here.

Signature

Date