

PHYSICAL RECORD

How would you describe your general health? _____

Are there any limitations that you believe would affect the type of work you would do in the center? _____

Date of your last physical exam? _____

GENERAL INFORMATION

Why do you want to work in child care? _____

What is your philosophy of behavior guidance? _____

If hired, what kind of commitment do you expect to be able to give to our organization? _____

What would you say are your goals for the next 1-5 years? _____

If we were to ask your best friend what he/she thought your 5 best qualities are, what do you think he/she would say? _____

If we asked that same person what areas you needed to improve upon, what would they say? _____

What age group do you prefer working with? _____

Is there an age group you absolutely would not want to work with? _____

Anything else you would like us to know? _____

REFERENCES

List at least three persons, not related to you, whom you have know at least one year who could attend to your interaction with children.

NAME	CITY/STATE	RELATIONSHIP	PHONE

WORK EXPERIENCE

List your work experience for the past 5 years.

NAME	CITY/STATE	RELATIONSHIP	PHONE

CRIMINAL HISTORY

In compliance with Child’s Play of St. Cloud, Inc. requirements, so person shall be hired or retained as a staff member, paid or volunteer who has:

- a) Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting.
- b) Used alcohol or drugs such that its effects are apparent during working hours that children are in care.
- c) Been convicted for or admitted to any felony or any offense involving moral turpitude.

I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment with Child’s Play of St. Cloud, Inc. I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation at the least two weeks prior to the date it will be effective. I understand that the first three month of my employment are probationary and if my services have not proved satisfactory, my employment may be discontinued on a week’s notice without prejudice.

Applicant’s Signature: _____ Date: _____

Materials required to provide proof of qualifications for assistant teacher and teacher positions.

- * Diploma / Degree from post secondary educational institutions.
- * Grades form post secondary educational institution.
- * Documentation of work hours in a child care center.
- * Resume if available.

Thank you for applying at Child’s Play of St. Cloud, Inc.

Child’s Play of St. Cloud, Inc.
1401 West St. Germain Street
St. Cloud, MN 56301

(320) 259-4540
(320) 259-0744 fax