

Harrington's Care -A- Lot Inc.
523 Lower Oak Street
Hudson Falls, NY 12839

Employment application

Name _____ Date _____

Address _____ Date of Birth _____

_____ Social security # _____

_____ Phone # Home _____

Cell _____

Available hours: (Daycare is open Monday-Friday 6am-6:30pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have reliable transportation? _____

Do you have childcare for your children? _____ If not, what age care would you need? _____

Can we contact your present employer? _____

Work experience:

(Starting with most recent)

Employer	Phone #	Start date	End date

Reason for leaving: _____

Employer	Phone #	Start date	End date

Reason for leaving: _____

Employer	Phone #	Start date	End date

Reason for leaving: _____

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Education

Certificates/ Training: _____

Additional Qualifications: _____

Do you work better in small or large group settings? _____

What age group do you prefer to work with? 6 weeks-school age (1= most – 6=least)

- _____ Infants (6 weeks- 12 months)
- _____ Infant 2 (12 - 24 months)
- _____ Toddlers (24 -36 months)
- _____ Three year old room
- _____ Four & Five year old room
- _____ School-age

What position are you interested in?

- Director Teacher Teachers Assistant Teachers Aide
- Substitute Volunteer Kitchen/Cleaner

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What hourly wage are you requesting? _____

Are you comfortable working with co workers of all ages? _____

How would you handle a complaint from a parent? _____

Do you have any experience working with children with special needs? _____

What would you do if you were in a classroom with a co worker that wasn't performing their share of the work? _____

Are you willing to complete 15 hours of child care related training in the first 6 months of employment, with a total of 30 hours annually? _____

Do you have a criminal record that would prevent you from passing the NY state clearance screening, and fingerprint portion of the application process? _____ If yes, please explain _____

Send your resume and references along with this application.

By signing, I testify that all statements made on these documents are true to the best of my knowledge.

Applicant signature _____

Date _____



Assistant References

INSTRUCTIONS



- Family members may not be used as references
- Please provide complete information for three people we can contact as references
- If you have been employed outside the home, please include your previous employer as one of your references
- Please print clearly.

Applicant Name:

Assistant Name:

Reference #1

Please check appropriate reference type: Personal Employment
 Mr. Mrs. Ms.

NAME:			
LAST	FIRST	MI	
BUSINESS NAME:			APT #:
ADDRESS:			FLOOR:
CITY:	STATE:	ZIP CODE:	DAYTIME PHONE: ()
DOES REFERENCE SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN:			

Reference #2

Please check appropriate reference type: Personal Employment
 Mr. Mrs. Ms.

NAME:			
LAST	FIRST	MI	
BUSINESS NAME:			APT #:
ADDRESS:			FLOOR:
CITY:	STATE:	ZIP CODE:	DAYTIME PHONE: ()
DOES REFERENCE SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN:			

Reference #3

Please check appropriate reference type: Personal Employment
 Mr. Mrs. Ms.

NAME:			
LAST	FIRST	MI	
BUSINESS NAME:			APT #:
ADDRESS:			FLOOR:
CITY:	STATE:	ZIP CODE:	DAYTIME PHONE: ()
DOES REFERENCE SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE SPECIFY LANGUAGE SPOKEN:			