

*Community Childcare of Manchester
P.O. Box 75
Manchester, IA 52057
563-927-9827*

Application for Employment

Community Childcare of Manchester is an equal opportunity employer. Applications are considered for all positions without regard to race, creed, color, religion, sex, national origin, ancestry, age, marital status, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

Date: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

City, State, Zip: _____

Position Applying For: _____

Applying for: Full-time work Part-time work Either

Applicants must be at least 16 years of age. Do you meet this requirement? Yes No

Are you a US Citizen or permitted to work in the U.S.? Yes No

Do you have a reliable means of transportation to work? Yes No

Community Childcare of Manchester's operating hours are 5:45 a.m. to 6:15 p.m. Monday through Friday. Please list any times that you will not be able to be scheduled to work.

Education History

High School Name and Location: _____

Year Completed: _____

College Name and Location: _____

Degree/Years Completed: _____

List courses of study or training in Early Childhood Education, Child Development, and Elementary Education including First Aid/CPR, Universal Precautions, Child Abuse Reporter, etc.:

Employment Experience

Employer	Dates Employed	Position	Salary	Reason for leaving

References

List the names of three people who are not related and whom you have known for at least one year. Please do not list former employers.

Name	Address	Phone

I ___ do ___ do not give permission for Community Childcare of Manchester to contact my former employers and references. If not, Please explain: _____

Sate any other information concerning skills or qualifications that you feel may be helpful to us in considering your application:

I ___ do ___ do not have any criminal convictions of any law in any state. If do, briefly explain the circumstances: _____

I ___ do ___ do not have any founded or confirmed reports of child or adult abuse or neglect in any state. If do, briefly explain the circumstances: _____

I ___ do ___ do not have any communicable diseases or health concerns that would pose a threat to the health, safety, or well being of the children. If do, briefly explain the circumstances: _____

I hereby declare the information provided in this application for employment to be true, correct, and complete to the best of my knowledge. I understand that if employed, false or misleading statements or omissions on the application shall be sufficient cause for dismissal. I authorize inquires of all statements contained in this application as may be necessary in arriving at an employment decision.

Signature of Applicant: _____ Date: _____