



**EMPLOYMENT APPLICATION**

**(540) 344-4599**

**NAME OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**CONTACT NUMBERS:** HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
**REFERRED BY:** \_\_\_\_\_  
**DATE ABLE TO BEGIN WORK:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_  
**WAGE EXPECTATIONS:** \_\_\_\_\_ **FULL-TIME** **PART-TIME** **SUBSTITUTE**  
**WHICH LOCATION ARE YOU INTERESTED IN?** \_\_\_\_\_

**EDUCATION:**

NAME & LOCATION	NUMBER OF YEARS ATTENDED?	DID YOU GRADUATE?	AREA OF STUDY/MAJOR

WHAT IS YOUR PHILOSOPHY ON EARLY CHILDHOOD EDUCATION?
WHAT MAKES YOU A QUALIFIED CANDIDATE FOR THIS POSITION?

**REQUIREMENTS:**

ARE YOU ABLE TO LIFT UP TO THIRTY POUNDS? \_\_\_\_\_  
 ARE YOU WILLING TO SUBMIT TO A PHYSICAL AND/OR A DRUG SCREENING? \_\_\_\_\_  
 ARE YOU AT LEAST SIXTEEN YEARS OF AGE? \_\_\_\_\_  
 ARE YOU WILLING TO ATTEND MONTHLY, EVENING STAFF MEETINGS? \_\_\_\_\_  
 ARE YOU WILLING TO ATTEND SPECIAL EVENTS FOR THE CHILDREN & PARENTS? \_\_\_\_\_  
 ARE YOU WILLING TO PARTICIPATE IN OUR CONTINUING EDUCATION AND TRAINING PROGRAMS? \_\_\_\_\_

IN ACCORDANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, HONEYTREE EARLY LEARNING CENTERS RECRUITS AND HIRES EMPLOYEES WITHOUT REGARD TO RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.  
 HONEYTREE EARLY LEARNING CENTERS IS AN EQUAL OPPORTUNITY EMPLOYER.

**PAST WORK RELATED EXPERIENCE:**

(START WITH THE MOST RECENT)

COMPANY NAME & ADDRESS	START & END DATES	SALARY START & END	POSITION	REASON FOR LEAVING, MAY WE CONTACT?

**REFERENCES:** LIST NAMES AND DAYTIME PHONE NUMBERS OF THREE PROFESSIONAL REFERENCES, WHICH YOU HAVE KNOWN FOR AT LEAST ONE YEAR. FAMILY MEMBERS WILL NOT BE CONSIDERED A REFERENCE.


**BENEFITS:** IN ORDER TO BE ELIGIBLE TO RECEIVE BENEFITS, YOU MUST COMPLETE ONE YEAR OF FULL-TIME OR PART-TIME EMPLOYMENT. HONEYTREE PROVIDES A LIMITED AMOUNT OF CHILDCARE TO IT'S STAFF, DEPENDING ON AVAILABILITY PER LOCATION. A DISCOUNT DOES APPLY FOR AGES 2-12 YEARS. PLEASE CHECK WITH YOUR DIRECTOR FOR RATES AND AVAILABILITY.

**EMERGENCY CONTACT:**      SPOUSE/PARENT      TELEPHONE NUMBER

\_\_\_\_\_

   OTHER CONTACT      TELEPHONE NUMBER

\_\_\_\_\_

**READ AND SIGN THE FOLLOWING:**  
HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU THE SUBJECT OF PENDING CHARGES OF ANY CRIME, FELONY OR MISDEMEANOR?  
\_\_\_\_\_ YES, CONVICTED      \_\_\_\_\_ YES, PENDING      \_\_\_\_\_ NO

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED ON THIS APPLICATION AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON. I UNDERSTAND AND AGREE THAT THIS APPLICATION, EITHER BY ITSELF OR IN CONJUNCTION WITH OTHER COMPANY DOCUMENTS OR POLICY STATEMENTS, DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT STAFF SCHEDULES AND HOURS ARE DEPENDENT ON CHILD ENROLLMENT AND CAN BE CHANGED AT ANY TIME WITHOUT PRIOR NOTICE.

**APPLICANTS LEGAL SIGNATURE:** \_\_\_\_\_  
**DATE SIGNED:** \_\_\_\_\_

OFFICE USE ONLY: HIRE DATE: \_\_\_\_\_ WAGE: \_\_\_\_\_ END DATE: \_\_\_\_\_ REHIRE: \_\_\_\_\_