

	Full Time
	Part Time
	Summer Substitute
	Summer Employment
	Internship

# NORTHEASTERN CHILD CARE SERVICES

## EMPLOYMENT APPLICATION

*Instructions:* Please read the instructions before completing the application. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please call for an appointment at the phone number below.

**POSITION TITLE:** \_\_\_\_\_ **DATE AVAILABLE FOR WORK:** \_\_\_\_\_

<b>PERSONAL DATA</b>
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**NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**CURRENT ADDRESS:**

(Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**List any other names used if different from name given on application:** \_\_\_\_\_

**PHONE (Home):** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **PHONE (Cell):** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

<b>EDUCATION &amp; TRAINING</b>
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**HIGHEST GRADE COMPLETED:** \_\_\_\_\_ **HIGH SCHOOL DIPLOMA OR GED?** \_\_\_\_\_

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Y/N	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
<b>Colleges or Universities</b>						
<b>Technical, Vocational, or Business</b>						

❖ *Transcript and/or Diploma Required At Time Of Hire*

License/Certification (CDA, CDL, Food Handlers, Etc.)	Date Issued	Issued By (State or Other Authority)	License Number	Location of Issuing Authority (City & State)

**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer software, specialized equipment or machines, memberships, areas of expertise for recreation/sport training and instruction).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### GENERAL INFORMATION

Have you ever been convicted of a MISDEMEANOR or FELONY and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. \_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_  
Disposition: \_\_\_\_\_

*(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)*

Have you ever applied to Treasure House Child Development Centers before? \_\_\_ Yes \_\_\_ No  
Have you ever worked for Treasure House Child Development Centers before? \_\_\_ Yes \_\_\_ No  
What salary or rate of pay do you expect to receive if employed? \_\_\_\_\_ per \_\_\_\_\_

### EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer and volunteer work. **Interns and Volunteers: It is not necessary to complete salary information.**

Employer:	Start Date	End Date
Address/City/State:		
Phone: (    )    -    Job Title:	Starting Salary	Final Salary
Supervisor:                      Supervisor's Title:	\$	\$

Reason for Leaving:

#### Briefly Describe the Nature and Duties of Your Position

Employer:	<b>Start Date</b>	<b>End Date</b>
Address/City/State:		
Phone: (     )     -     Job Title:	<b>Starting Salary</b>	<b>Final Salary</b>
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Employer:	<b>Start Date</b>	<b>End Date</b>
Address/City/State:		
Phone: (     )     -     Job Title:	<b>Starting Salary</b>	<b>Final Salary</b>
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Employer:	<b>Start Date</b>	<b>End Date</b>
Address/City/State:		
Phone: (     )     -     Job Title:	<b>Starting Salary</b>	<b>Final Salary</b>
Supervisor:                      Supervisor's Title:	\$	\$
Reason for Leaving:		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

**REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

**GENERAL INFORMATION**

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Northeastern Child Care Services. In submitting this application, I authorize Northeastern Child Care Services to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Northeastern Child Care Services and will not be returned.

I also understand that as a condition of employment I will be subject to one or more of the following: initial health assessment, including the results of initial tuberculin skin test, x-rays or other medical documentation necessary to confirm freedom from communicable tuberculosis, criminal record test, child abuse registry report, clearance information required under CPSL and driving record check. An employment offer received from NCCS is contingent upon information received.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date Signed

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH NORTHEASTERN CHILD CARE SERVICES**

*AN EQUAL OPPORTUNITY EMPLOYER*

*You may return this application as follows:*

- 1.) Bring it to NCCS, 1356 North Washington Avenue, Scranton, PA 18509
- 2.) Mail it to NCCS, 1356 North Washington Avenue, Scranton, PA 18509
- 3.) Fax to 570-341-0817

Position Assigned _____ Date of Employment _____ Approved By/Title _____	Office Use Hours Per Week _____ Hourly Rate/Salary _____
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