



Child Development Center, Inc. (CDC) Employment Application

Applicant Information:

Name: _____
Last
First
M.I.

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____
Home
Work
Cell

E-Mail Address: _____

Employment Desired:

Position for which you are applying: _____

Type of work hours you desire:

- Full Time
 Part Time
 Temporary (90 or less days)

Date Available for work: _____

Please provide the hours you are available to work on a weekly basis. If unavailable for a certain day, leave blank.

Days	Example	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	9 a.m.							
End time	5 p.m.							

*Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

Have you worked for our company before? Yes No

If yes, please state where, when, final position, and reason for leaving:

Do you have any relatives now employed by our company? Yes No

If yes, please identify by name, position, and location:

Were you referred by a current CDC employee? Yes No

If yes, who? : _____

Education:

High School: _____

Name of School

City

State

Did you receive a diploma or equivalency? Yes No

If no, highest grade completed: _____

Higher Education (technical school, college, university or other additional education):

Institution 1: _____

Name of School

City

State

Major/Minor Field of Study: _____

Degrees/Certification: _____ Degree completed? Yes No

Institution 2: _____

Name of School

City

State

Major/Minor Field of Study: _____

Degrees/Certification: _____ Degree completed? Yes No

Institution 3: _____
Name of School City State

Major/Minor Field of Study: _____

Degrees/Certification: _____ Degree completed? Yes No

May we contact your schools to verify the above information? Yes No

Employment History:

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment and any work performed on a volunteer basis. Account for your entire employment history, including any significant gaps in employment. **All information must be included, even if you are attaching a resume.**

Employer Name 1: _____

Physical/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed: Start Date: _____ End Date: _____

Work Performed:

Employer Name 2: _____

Physical/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed: Start Date: _____ End Date: _____

Work Performed:

Employer Name 3: _____

Physical/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed: Start Date: _____ End Date: _____

Work Performed:

Employer Name 4: _____

Physical/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed: Start Date: _____ End Date: _____

Work Performed:

Employer Name 5: _____

Physical/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed: Start Date: _____ End Date: _____

Work Performed:

Please attach an additional sheet if necessary.

Certifications and Training:

Please list any current professional licenses, registrations, certifications (i.e. First Aid/CPR), or pertinent trainings.

Licensing Agency 1: _____
Name of Agency City State

Type of License/Certificate/Registration/Training: _____

Expiration Date (if applicable): _____

Licensing Agency 2: _____
Name of Agency City State

Type of License/Certificate/Registration/Training: _____

Expiration Date (if applicable): _____

Licensing Agency 3: _____
Name of Agency City State

Type of License/Certificate/Registration/Training: _____

Expiration Date (if applicable): _____

Licensing Agency 4: _____
Name of Agency City State

Type of License/Certificate/Registration/Training: _____

Expiration Date (if applicable): _____

Transportation:

Do you have your own transportation? Yes No

If yes, does the above transportation have the minimum insurance coverage mandated by Montana law? Yes No *Please attach a copy of vehicle insurance and registration

Do you have a valid driver's license? Yes No

References:

Please provide name, relationship (i.e., supervisor, friend), current phone number and email address (if available) for three professional and two personal references.

Professional: _____
Name Relationship Phone Email

Professional: _____
Name Relationship Phone Email

Professional: _____
Name Relationship Phone Email

Personal: _____
Name Relationship Phone Email

Personal: _____
Name Relationship Phone Email

May we contact your references? Yes No

Relevant Experience:

Describe any experience you have had working with individuals with developmental disabilities. Include volunteer, practicums, education, training and life experience. Be as specific as possible.

Applicant Acknowledgement:

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I understand that misrepresentation or omission of facts called for in this application may be cause for immediate dismissal. Further, I understand that use of this application does not mean that there are positions open and in no way obligates the Child Development Center.

I authorize the Child Development Center to communicate with my former employers, school officials, persons named as references, and to obtain background information. I hereby release the Child Development Center and such employers, schools, individuals, and agencies from any liabilities whatsoever for damages resulting from the exchange of such information. I understand that reference responses are confidential and are not available for my inspection. I understand that my employment is contingent upon satisfactory employment and personal references, a satisfactory background check, and submission of the necessary documents verifying my identity and eligibility to work in the United States as required by federal immigration law.

I fully understand and agree to all statements above.

Signature of applicant: _____

Date: _____