

P. O. Box 221842 • Charlotte, NC 28222 • 980-245-0254 ymalachi@eceagency.org | www.eceagency.org

"Meeting the Employment Needs of Early Childhood Education"

Early Childhood Employment Agency is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information	
Applicant Name:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Email Address:	
Date of Application:	
Employment Position Position(s) applying for: Early Childhood Professionals (f	ull time, part time, work when needed)
How did you hear about this position?	
What days are you available for work?	
What hours or shift are you available for work?	
If needed, are you available to work overtime?	
On what date can you start working if you are hired?	
Do you have reliable transportation to and from work?	
Calary desired:	
Salary desired:	

Personal Information

Have you ever applied to or worked for Early Childhood Employment Agency before?		No
If yes, when?		
	_	
Do you have any friends, relatives, or acquaintances working for Early Childhood Employment Agency		
If yes, state name & relationship:		
	_	
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?	_	
	_	
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.	_	
	_	
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:				
-				
considers reasonable accomb to perform essential function	oyment Agency complies with modation measures that may			
Education and Training				
High School				
Name	Location (City, State)	Year Graduated	Degree Earned	
College/University	<u></u>			
Name	Location (City, State)	Year Graduated	Degree Earned	
Vocational School/Specialize	ed Training			
Name	Location (City, State)	Year Graduated	Degree Earned	
Military:				
Are you a member of the A	rmed Services?			
What branch of the military				
What was your military ran	·			
How many years did you se				
	·			
What military skills do you	possess that would be an ass	et for this position?		

Previous Employment

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Salary:	
May we contact employer:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Salary:	
May we contact employer:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Salary:	
May we contact employer:	

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information(Telephone & Email)
May we contact references:	<u> </u>
<u>AT-WILL EMPLOYMENT</u>	
at will." This means that your employment can be te cause, with or without notice, by you or the Early C Early Childhood Employment Agency has authority to "employment at will" relationship. You understand acknowledge that no oral or written statements or r	od Employment Agency is referred to as "employment erminated at any time for any reason, with or without hildhood Employment Agency. No representative of o enter into any agreement contrary to the foregoing d that your employment is "at will," and that you epresentations regarding your employment can alter statement signed by you and either our Management
Annlicant Signature:	Dated: