Greater Little Rock Pre-School Application for Employment

DATE:				SCHOO	L YEA	AR:				
PLEASE PRINT	CLEARLY AND COMP	LETE ALL ITEMS								
PERSONAL IN	FORMATION:									
Name:					Pho	ne Number:				
(Last)	(First)	(№	11)							
Present Addr	ess:					(2)				(6)
(Zip Code)	(Stree	t)				(City)				(State
Previous Add	ress:									
(Zip Code)	(Stree	t)				(City)				(State
•	ne):					18 or over ondition of e	employr	nent)		
ls your citizer	ship or status such th	at you can lawfully	work in t	he U.S.?		□ Yes		🗆 No		
How did you	learn of our organizati	on? □Walk-in □N	lewspap	er □Sch	nool	Referral	□Agend	cy ⊡Oth	er	
Policy prohibi	ts the employment of	relatives in a super	visory re	lationshi	p. Do	you have a	ny relat	ives cur	rently	working
with our com	pany? Yes□ No□									
Employment Position:	desired:		□Checl	k here if	availa	able any ho	urs			
Salary require	ements:		If restr	ictions, i	ndica	te available	hours b	elow:		
				Mon	Tue	s Wed	Thu	Fri	Sat	Sun
			From							
Date you can	start:		То							
Education	Name and Location	Course of Study	Years C	Complete	ed	Graduated		Degree	e Rece	ived

Euucation	Name and Location	Course of Study	reals completed	Glauualeu	Degree Received
High School					
College					
Business,					
Trade,					
Other					

GENERAL INFORMATION

Why would you like to work here?		
Have you ever been convicted of a crime		
If yes, explain number of convictions, national states (a) for a		
was/were committed, sentence(s) for ea	ich conviction, and type of rehabilitatio	on for each conviction.
List names, address, and phone numbers	s of three references.	
(Preferably one former employer, one fo		son).
News		
Name	Address	Phone Number
1		
2		
3		

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Name of Applicant:		
(Last)	(First)	(MI or Maiden)
Address:	Zip Code	
Telephone Number:	Social Security Number:	
Date of Birth:	Marital Status: ¹ DMarried	í □Single
Are you a born-again Christian? Î□ Yes Î□ No If so, when did you receive Christ as your Savior?		
Please list the name of the church you are current	tly attending?	
List all professional and community organizations	with which you are affiliated:	
Write your educational philosophy.		
What do you feel most qualifies you for this posit	ion?	
What are your professional goals?		

Greater Little Rock Pre-School Teacher Questionnaire

Design a teaching and planning strategy for a preschool or toddler class.

(Signature)

(Date)

Employment History

Are you currently employed? \Box Yes \Box No

2.

3.

If you are currently employed, may we contact your current supervisor?
See Yes No

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

1.	Name of Employer:
	Name of Supervisor:
	Telephone Number:
	Business Type:
	Address:
	City, State, Zip:
Lengt	h of employment (Include dates):
Positi	on and Duties:
Reaso	on for leaving:
	we contact this employer for references? \Box Yes \Box No
Name	of Employer:
	Name of Supervisor:
	Telephone Number:
	Business Type:
	Address:
	City, State, Zip:
Lengt	h of employment (Include dates):
	on and Duties:
Reaso	on for leaving:
May v	we contact this employer for references? \Box Yes \Box No
Name	of Employer:
	Name of Supervisor:
	Telephone Number:
	Business Type:
	Address:
	City, State, Zip:
Lengt	h of employment (Include dates):
Positi	on and Duties:
Reaso	on for leaving:
	ve contact this employer for references? Yes No

Child Abuse & Neglect Reporting Requirements Acknowledgements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with Section 415.504(1)(e) of the Florida Statutes (F.S.) This material is covered in Part I of the Introductory Child Care Training course which is mandatory for all child care personnel.

"Child Abuse or Neglect" is defined in s.415.503(3), F.S., as "harm or threatened harm" to a child's mental or physical health or welfare by the acts of omission of a parent, adult household member, or other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Reports must be made immediately to the centralized Florida Abuse Hotline at 1-800-962-2873.

All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.

It is important to give as much identifying and factual information as possible when making a report.

Any person, when acting in good faith, is immune from liability in accordance with s.425.511.FRS.

Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect.

Categories include: Physical Abuse (i.e. unexplained bruises, burns, marks . . .) Physical Neglect (i.e. hunger, poor hygiene, lack of supervision . . .) Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms . . .) Mental Injury (i.e. impairment in the ability to function, depression . . .)

This statement is to verify that on ____day of _____20___, I, ____ read the above material. I understand that I am required by law to report suspected child abuse and neglect in accordance with the mandates of s.4125.502,FRS.