



## EMPLOYMENT APPLICATION

Trinity Learning Center considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **POSITION DESIRED:** \_\_\_\_\_

**DATE AVAILABLE TO START:** \_\_\_\_\_

**Please list your prior work experience in Early Childhood Education or field related to position sought starting with your most recent place of employment. Please include up to three.**

<b>EMPLOYER NAME:</b>	<b>GENERAL JOB RESPONSIBILITIES</b>
<b>ADDRESS:</b> City _____ State _____ Zip Code _____	
<b>TELEPHONE NUMBER:</b>	
<b>POSITION HELD:</b> _____ <b>LENGTH OF EMPLOYMENT:</b> _____	
<b>REASON FOR LEAVING</b> _____ <b>Salary</b> _____	
<b>MAY WE CONTACT THIS EMPLOYER: Yes/No</b>	

<b>EMPLOYER NAME:</b>	<b>GENERAL JOB RESPONSIBILITIES</b>
<b>ADDRESS:</b> City _____ State _____ Zip Code _____	
<b>TELEPHONE NUMBER:</b>	
<b>POSITION HELD:</b> _____ <b>LENGTH OF EMPLOYMENT:</b> _____	
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<b>MAY WE CONTACT THIS EMPLOYER: Yes/No</b>	

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<b>REASON FOR LEAVING</b> _____ <b>Salary</b> _____	
<b>MAY WE CONTACT THIS EMPLOYER: Yes/No</b>	

You must attach to this application a copy of the Diploma/Certificate from your highest level of education achieved.

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL	Name: Address: City: State: Zip:			
UNDERGRADUATE COLLEGE/ UNIVERSITY	Name: Address: City: State: Zip:			
PROFESSIONAL CERTIFICATE	Name: Address: City: State: Zip:			
GRADUATE/ PROFESSIONAL DEGREE	Name: Address: City: State: Zip:			

- Please list any additional Educational/Specialized Training you have received related to the job for which you are applying including CPR/First Aid: \_\_\_\_\_

**Please answer the following questions with yes or no:**

- Are you at least 18 years of age? \_\_\_\_\_ Can you provide proof of your age if required? \_\_\_\_\_
- Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.? \_\_\_\_\_  
(Proof of citizenship or immigration status will be required upon employment)
- Are you available to work between the hours of 8:30 a.m. and 2:30 p.m.? \_\_\_\_\_
- To your knowledge are you related to any child currently enrolled in this program? \_\_\_\_\_  
If yes, please list child's name and your relationship: \_\_\_\_\_
- Have you ever been convicted of or have an indicated report of any crime against a child? \_\_\_\_\_
- Have you ever been convicted of any crime or have pending criminal actions against you? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Please answer the questions below to the best of your knowledge**

- Why have you chosen to work in Early Childhood Education? \_\_\_\_\_  
\_\_\_\_\_
- What do you find rewarding about working with children and families? \_\_\_\_\_  
\_\_\_\_\_
- When you walk past a classroom you notice a respected veteran teacher handling a child roughly, pulling the child's arm and sitting the child harshly into a seat, and speaking with an inappropriate tone and attitude. You are the only witness to this incident, what would you do? \_\_\_\_\_  
\_\_\_\_\_

4. A child in your classroom has been bitten. The mother of the child is furious and demands to know who bit her child and even goes as far as to threaten legal action if the identity of the child who bit her child is not disclosed immediately. How would you handle this parent? \_\_\_\_\_

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**PERSONAL/PROFESSIONAL REFERENCES: Do not include family or past supervisors.**

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

**APPLICANT'S STATEMENT:**

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

Thank you for your interest in being employed with Trinity Learning Center. Upon review of completed applications a representative of Trinity Learning Center will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

Trinity Learning Center is an "AT-WILL" employer. The "AT-WILL" employment relationship affords the employee the right to resign for any reason. Likewise, the employer may terminate the relationship at any time, with or without cause and with or without notice. The "AT-WILL" employment relationship may not be altered by any written document or by verbal agreement, unless such alteration is specifically acknowledged in writing and signed by an authorized director of Trinity Learning Center.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_