

The Bradley Schools

Wheeler Pines

Oakbrook Country Day

The Greenbrier

Date of Application _____ Position Desired _____

Date Available _____ Hours Available _____

Last Name: _____ First Name _____ Middle Initial _____ Maiden _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Divorced Widowed

Do you have any children? _____ If employed, would you need childcare services provided by the Bradley Schools? _____ If so, what age? _____

Are you a citizen of the United States? _____ If not, do you have a Visa to work in the U.S.? _____

If yes, what type of Visa classification? _____

Visa Registration Number? _____ Expiration Date: _____

Education	Address	Dates Attended	Received Diploma, Degree, Certificate?
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High School	_____	_____	_____
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Trade School	_____	_____	_____
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Technical School	_____	_____	_____
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College	_____	_____	_____
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Other	_____	_____	_____
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How many years of experience do you have working in childcare? _____

Please list any child care and development training courses you have completed in the past: _____

Have you had CPR in the past two years? _____ Expiration date: _____

Have you had first aid in the past three years? _____ Expiration date: _____

The department of Human Resources requires annual child care training, are you willing to participate in completing these required classes? _____

Do you have a criminal record? _____ If yes, explain _____

Have you ever been shown by credible evidence, E.G.A Court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected anyone to serious injury as result of intentional or grossly negligent misconduct? _____ If yes, explain _____

Employment History

Begin with your current or last employer. If you have been unemployed for any time within the past ten years, list how you spent this time, student, housewife, etc.

Company Name _____ Telephone _____

Address, City/State _____

Name of Supervisor _____

State Job Title & describe your work _____

Month/Year Employed From _____ To _____

Reason for leaving _____

Company Name _____ Telephone _____

Address, City/State _____

Name of Supervisor _____

State Job Title & describe your work _____

Month/Year Employed From _____ To _____

Reason for leaving _____

Company Name _____ Telephone _____

Address, City/State _____

Name of Supervisor _____

State Job Title & describe your work _____

Month/Year Employed From _____ To _____

Reason for leaving _____

Company Name _____ Telephone _____

Address, City/State _____

Name of Supervisor _____

State Job Title & describe your work _____

Month/Year Employed From _____ To _____

Reason for leaving _____

May we contact present employer to verify employment? _____

May we contact previous employers to verify employment? _____

If no, explain _____

I give permission to the Bradley Schools to contact my present employer as a reference.

Signature

I give permission to the Bradley Schools to contact my previous employers.

Signature

The Bradley Schools are an affirmative equal opportunity employer and does not discriminate against race, color, sex, national origin, physical/mental handicap, political affiliation or religion. Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying. I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

Signature

Date

FOR OFFICE USE ONLY

Reference Check

Employer/ Person Contacted _____

Results _____

Employer/ Person Contacted _____

Results _____

Employer/ Person Contacted _____

Results _____

Interview Results

