

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

<b>P E R S O N A L</b>	Last Name		First	Middle	Date
	Street Address				Home Telephone ( )
	City, State, Zip				Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security #
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.				Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
	Other special training or skills (languages, machine operation, etc.)				

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>2</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>3</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>4</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>	
	Employer Number(s) _____	Reason _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____ _____	



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**QUALIFICATIONS**  
CHILD DAY CARE PROGRAMS

PROGRAM NAME:	FACILITY ID NUMBER:
NAME OF PERSON WITH PENDING ROLE:	DATE OF BIRTH (mm/dd/yyyy):

The New York State Office of Children and Family Services (OCFS) child day care regulations identify qualifications and minimum requirements for caregiving staff in child day care programs. The information is included in section .13 of the Regulations. Regulations can be obtained at [ocfs.ny.gov/main/childcare/default.asp](http://ocfs.ny.gov/main/childcare/default.asp) and from your licensor/registrar.

**INSTRUCTIONS:**

- Consult OCFS Regulations for qualification and minimum requirements for your role.
- Complete sections that apply to your role in the program. You may attach a resume.
- You may be asked to submit additional documentation to demonstrate education, training, or childcare experience.
- Please **PRINT** clearly

<b>TYPE OF PROGRAM:</b>	<b>Family Day Care, Group Family Day Care and Small Day Care Centers</b>	<b>Day Care Center and School-Age Child Care</b>
<u><b>ROLE IN PROGRAM</b></u>	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher

**Education/Training** (if applicable for pending role)

Date Range	Degree, Major, Name of Credential, or Training	Institution	Number of Credits (if applicable)

**Child Care Experience**

Date Range	Description	Location	Age of Children

**Supervisory Experience** (applicable for pending role of Director at Day Care Center/School-Age Child Care Program)

Date Range	Description	Location

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REFERENCES**  
CHILD DAY CARE PROGRAM

**INSTRUCTIONS:**

- Please provide complete information for three people we can contact as references
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME:	FACILITY ID NUMBER:
NAME:	

<b>TYPE OF PROGRAM</b>	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
<b>ROLE IN PROGRAM</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

**REFERENCE #1**Please check appropriate reference type: ☐ Personal ☐ Employment

NAME (Last, First, MI):

☐ MR. ☐ MRS. ☐ MS.

BUSINESS NAME: \_\_\_\_\_ APT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(      )

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken: \_\_\_\_\_**REFERENCE #2**Please check appropriate reference type: ☐ Personal ☐ Employment

NAME (Last, First, MI):

☐ MR. ☐ MRS. ☐ MS.

BUSINESS NAME: \_\_\_\_\_ APT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(      )

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken: \_\_\_\_\_**REFERENCE #3**Please check appropriate reference type: ☐ Personal ☐ Employment☐ MR. ☐ MRS. ☐ MS. NAME (Last, First, MI):

BUSINESS NAME: \_\_\_\_\_ APT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(      )

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken: \_\_\_\_\_

### Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin)

### Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature



R E F E R E N C E  C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T  R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W  R E S U L T S	Interviewer Name and Comments

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