



Infant & Toddler Developmental Center

DREAM TOO

Infant and Toddler Development Center

Employment Application

APPLICANT INFORMATION

Last Name:	First Name:	M.I.:	Date:
Current Address:			
City:	State:	Zip:	
Phone:		E-mail Address:	
Date of Birth:	Social Security No.:	Desired Salary:	
Position Applying for:			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have record of child abuse or maltreatment? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	

EXPERIENCE

APPLIES TO TEACHING POSITIONS ONLY	
Do you have any teaching experience? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, How many years?
Do you have a license to teach in the state of Arkansas? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently enrolled in a program to attain your license to teach? <input type="checkbox"/> YES <input type="checkbox"/> NO	

APPLIES TO ALL APPLICANTS

How many years experience do you have working in the field of childcare?
What type of childcare training courses have you taken that qualify you for this position?
Do you have any experience working in an after-school program? <input type="checkbox"/> YES <input type="checkbox"/> NO
What age group of children do you have more experience working with? <input type="checkbox"/> Pre-School (Ages 3-5) <input type="checkbox"/> Elementary (Grades K-5) <input type="checkbox"/> Middle School / High School (Grades 6-12)
Do you have any supervisory experience? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many years?
Are there any reasons that you would not be able to pass the following? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Criminal Background Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Child Maltreatment Check

EDUCATION

High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

CDA:		Address:	
From:	To:	Did you graduate? YES NO	Degree:
REFERENCES: <i>Please list three professional references.</i>			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. By signing this Electronic Signature Acknowledgment Consent, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I further agree that the information provided on this document is true and correct, and I understand that any false information provided can result in the termination of DREAM employment and or provided services.			
Signature:			Date: