



A Joyful Noise Child Development Center

Employment Application

Full Name:	Home Ph:	Cell Ph:
Current Address:		DOB:
Soc. Sec. #:	Email:	

Thank you for choosing A Joyful Noise CDC in your career path. We are dedicated to hiring professionals who are experienced, energetic, motivated, and possess integrity. A Joyful Noise CDC is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following essential functions for employment by initialing each item below.

- ___ High School Graduate or G.E.D recipient
- ___ Negative TB Test and will provide current medical documentation
- ___ United States Citizen, or legally authorized to work in the United States
- ___ Will provide Social Security Card and current state issued ID/Driver license
- ___ Will submit to drug and alcohol testing as required
- ___ Will complete a DEL portable background check
- ___ Will complete or currently have an Adult/Infant/Child CPR certification
- ___ Physically able to safely supervise young children and perform necessary job functions
- ___ Will maintain professional appearance and conduct at all times
- ___ Will complete a Blood Borne Pathogens course yearly
- ___ Will complete Safe Sleep course yearly
- ___ Will complete Mandated Reporter: Child Abuse course yearly
- ___ Will obtain or currently possess a Washington State Food Handlers Card
- ___ Will complete a First Aid course
- ___ I am able to lift 25-50 lbs
- ___ I am able to run and move freely

GENERAL INFORMATION

Employment Desired: ☐ Full-time only ☐ Part time only ☐ Full or Part time ☐ On Call/Sub

Position Applied for: _____

Hourly Rate Desired: _____

Days Available: Mon: ☐ Tues: ☐ Wed: ☐ Thurs: ☐ Fri: ☐

Hours Available: _____

Are you seeking temporary ☐ or permanent ☐ work?

Are you free to remain and take up employment in the United States with no current Immigration restrictions? YES ☐ NO ☐

Do you hold a current driver license with a clean driving record in the state of Washington? YES ☐ NO ☐

3 PERSONAL REFERENCES (do not list family or previous employers)			
Name	Address	Phone Number	Relationship (ie. Coworker, friend)

EDUCATIONAL EXPERIENCE
High School attended/address/year graduated_____
College attended/Degree or number years completed/Major_____
Child Development Associate Certification_____
List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.):_____

List other skills, vocational, and technical training_____

EMPLOYMENT HISTORY (begin with most recent) Attach additional sheet if necessary					
Begin/End Date	Begin/End Salary	Employer/Address	Supervisor's Name & Ph:	Your title and duties	Reason for leaving

2 BUSINESS REFERENCES (do not list family or previous employers)

Name	Address	Phone Number	Relationship (ie. Supervisor, Coworker)

OFFENSES – Criminal background checks will be conducted on all applicants.

Have you ever pled guilty, no contest or been convicted of any criminal offense? ☐ **YES** ☐ **NO**

If yes, explain: _____

Has a report of child maltreatment ever been made against you? ☐ **YES** ☐ **NO**

If yes, explain: _____

Has a court ever denied you parental, custodial, or visitation rights because of neglect or abuse of a child? ☐ Yes ☐ No

If yes, explain: _____

While employed in a childcare program, have you ever been the subject of disciplinary action or been responsible for a childcare facility receiving an administrative or disciplinary action? ☐ **YES** ☐ **NO**

If yes, explain: _____

Are you aware of any police or CPS inquiries undertaken following allegations made against you, which may have a bearing on your suitability for this job? ☐ **YES** ☐ **NO**

Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? ☐ **YES** ☐ **NO**

If yes, please give details and describe any special accommodations you may require to perform your job duties:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What are your career goals and objectives?

2. Why should A Joyful Noise CDC hire you?

3. Define PROFESSIONAL CONDUCT. How does it apply to a child care program?

4. Define CUSTOMER SERVICE and how it relates to a child care program?

5. Describe your position on guidance as it relates to 3-year-old children arguing over a toy.

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

1. I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination.
2. I further consent and agree to submit to any job-related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests.
3. I authorize the individuals and institutions named above to give information regarding my employment, education, character, qualifications or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I hereby release all such parties from any and all liability from damages which may result from issuing such information.
4. I understand that medical documentation of TB test results and MMR immunizations are required for this position.
5. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the US.
6. I understand that as a condition of employment, I will be required to furnish a copy of my Social Security Card and current Washington State Driver license or ID card.

Printed name/Signature of Applicant

Date

A Joyful Noise Child Development Center undertakes that it will treat any personal information (data from which you can be identified, such as your name, address, phone number etc.) that you provide to us, or that we obtain about you, in accordance with the requirements of confidentiality.

Office Use Only:

Date Submitted:	Time:	Position:
Director Proceed + or -	Interview:	Date Hired: