Aquin Little Angels Early Childhood Center 411 4th Avenue NW PO Box 460 Cascade, IA 52033 (563)852-7020 Fax (563)852-5269

Preschool/Childcare Application

| Name: | Date: | | |
|--|-----------------------|--------|--|
| Address: | | | |
| Home Phone: | cell phone: | | |
| e-mail: | | | |
| Social Security Number: | | | |
| Position for which you are applying: | | | |
| Date Available for Employment: | | | |
| Why are you considering leaving your prese | ent position? | | |
| Do you have a teaching/paraeducator licens | se? Number and expira | tion: | |
| Are you available Full Time? Yes _ | No | | |
| Are you willing to consider less than full tim | e? Yes No | | |
| | | | |
| EDUCATION RECORD (High School, College, | • | • | |
| Name & Location of Institution | Year(s) Attended | Degree | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

We are an equal opportunity employer and fully comply with the Americans with Disabilities Act. Accommodations for persons with disabilities will be provided unless the accommodation would place undue hardship on the employer. Persons needing accommodation should notify the Parish/School.

PROFESSIONAL EXPERIENCE

Please list any experience that you have had that is pertinent to this position. Additional information may be listed on the back of this page.

| Business/Company | Position | Supervisor | Years | | Responsibilities |
|--|---|--------------------|----------------|----------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | + | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| If you have experience or tra | ining with an | v of the follow | ing indicate | , by cho | aldina. |
| | _ | - | - | - | _ |
| | Working With Children Using the Computer First Aid/CPR Foreign Language Spoken? | | | | |
| What special abilities do you application? | | | ttention wh | en cons | sidering your |
| | | | | | |
| | | | | | |
| REFERENCES Please list the names of four persor | ns who will serve | e as references an | d can be conta | cted. | |
| NAME & TITLE | ADD | RESS | HOME PHO | NE# | BUSINESS PHONE # |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Are you on the Sex Offender registry? |
|--|
| Are you on the Department of Human Services' child abuse registry? |
| Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? |
| If Yes, please provide date, incident city/state of charge: |
| Are you legally authorized to work in the United States of America? yes No Responding "yes" to any of the previous questions is not an automatic bar to employment. To date of the offense, and the relationship between the offense and the position for which you are applying will be considered. |
| Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? |
| If no, explain: |
| Have you served in the military? Yes No |
| How did you hear about this opening? |
| (list specific newspaper, internet site, etc.) |
| If the position you are applying for requires membership in a Catholic parish or faith Community(as indicated in the minimum requirements for the position), please identify your parish/community: |
| Aquin Little Angels will be performing a criminal history/background check on successful applicants. |
| I hereby certify, under penalty of immediate dismissal, that all of the foregoing statements are true and correl expressly authorize the release to the educational agency receiving this application any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, law enforcement or criminal justice agencies, agencies maintaining child abuse record and previous employers. I hereby release and discharge the educational agency receiving this application and any responsible person(s) employed by the agency from any and all claims and liability which may have or ever claim to have relating to information provided to the educational agency as part of this application for employment. |
| Signature Date |