

921 Barksdale Road, Newark, DE 19711 Phone: 302-731-4925 Fax: 302-738-8441

**APPLICATION FOR EMPLOYMENT**

Name: Click here to enter text. Phone: Click here to enter text. Email: Click here to enter text.

Present Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text.

Zip Code: Click here to enter text. Social Security #: Click here to enter text.

Home address if different from above:

Street: Click here to enter text. Phone: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Position for which you are applying: Click here to enter text.

Are you interested in: [ ] full time [ ] part time [ ] Sept-June [ ] substitute

What days between 6:45 am 6:00 pm can you work?

 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

 [ ] AM [ ] AM [ ] AM [ ] AM [ ] AM

[ ]  PM [ ] PM [ ] PM [ ] PM [ ] PM

EDUCATION

 **School Type School Name/Location Dates Attended Highest Grade Completed Courses Studied**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grade School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| High School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| College | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Are you currently enrolled in school or a training program? [ ] Yes or [ ] No. If yes, please state where and give details of courses: Click here to enter text.

List courses you have taken or training you have received relating to child care, early childhood development, and education.

 **Course Where Taken Course completed?**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ]  No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |
| Click here to enter text. | Click here to enter text. | [ ] Yes [ ] No |

List any special qualifications you have: Click here to enter text.

Explain why you would like to work at the Newark Day Nursery & Children’s Center: Click here to enter text.

List your previous work experience, with most recent employer first:

1. Employer or Company Name: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text.Zip: Click here to enter text.

Supervisor's Name: Click here to enter text.

Your Title: Click here to enter text. Description of Duties: Click here to enter text.

Dates Employed Start: Click here to enter text. End: Click here to enter text.

Salary Start: Click here to enter text. End: Click here to enter text.

Reason for leaving: Click here to enter text.

2. Employer or Company Name: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text.Zip: Click here to enter text.

Supervisor's Name: Click here to enter text.

Your Title: Click here to enter text. Description of Duties: Click here to enter text.

Dates Employed Start: Click here to enter text. End: Click here to enter text.

Salary Start: Click here to enter text. End: Click here to enter text.

Reason for leaving: Click here to enter text.

3. Employer or Company Name: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text.Zip: Click here to enter text.

Supervisor's Name: Click here to enter text.

Your Title: Click here to enter text. Description of Duties: Click here to enter text.

Dates Employed Start: Click here to enter text. End: Click here to enter text.

Salary Start: Click here to enter text. End: Click here to enter text.

Reason for leaving: Click here to enter text.

Do you have any medical limitations that may not allow you to lift 50 lbs or physically care for children in an emergency? [ ] Yes or [ ] No? Please note: Click here to enter text.

Have you ever been convicted of a felony? [ ] Yes or [ ] No If yes, please explain: Click here to enter text.

List your hobbies and/or community and volunteer activities: Click here to enter text.

References

List three adults not related to you for us to contact as references.

 **Name Address Email & Daytime Phone Only Relationship**

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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

The Newark Day Nursery Association, Inc. is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, ethnic background or disability.

I understand that employment will be contingent upon a physical examination which provides evidence of suitability for work with young children.

I certify that all information contained in this application is true to the best of my knowledge.

 Signature

 Date: Click here to enter text.

Newark Day Nursery & Children’s Center is a member agency of the United Way of Delaware

**State of DE Office of Child Care Licensing requires:**

**RELEASE OF EMPLOYMENT HISTORY**

In order to comply with 19 Del. C. Subsection 708, NDNCC requires a staff member to sign a release of employment history form. The purpose of this is for NDNCC to obtain Service Letters from the staff member’s current or most recent previous employer. In addition, if the staff member was employed in a health care and/or child care facility within the last five years, a Service Letter must be obtained from such employer(s).

Name of Applicant**:** Click here to enter text.

Address**:** Click here to enter text.

Telephone: Click here to enter text.

**Employment History**

 **Complete Mailing Address**

 **Name *Street address, city, state & zip* Dates of Employment**

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I hereby authorize the above named employers to fully release any and all information pertaining to the facts of my employment. I swear that I have fully and completely disclosed my employment history. I understand that failure to provide complete disclosure is a violation of 19 Del. C. Subsection 708 with civil penalties of not less than $1,000 nor more than $5,000.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

Signature of Applicant



It is a requirement of Licensing that all Child Care employees are fingerprinted. The following is a schedule of times and locations for fingerprint processing. Present the State Police with the attached Child Care Center Verification form when you have your fingerprinting done. Please return proof of fingerprinting paperwork to LeAnna Gibason.

New Castle County (By appointment only)

Delaware State Police – Troop 2

 100 LaGrange Avenue

 Newark, DE 19702

 (located on Route 40)

Please call 1-800-464-4357 or 1-302-739-2528 to schedule an appointment.

Kent County (No appointment needed)

Delaware State Police

 State Bureau of Identification

 655 Bay Road

 Suite 1B

 Dover, DE 19901

 (located in the old Blue Hen Mall in the back)

 9:00 a.m. to 7:00 p.m. Mondays

 9:00 a.m. to 3:00 p.m. Tuesday, Wednesday, Thursday, Friday

Phone 302-739-5871

