

**SUNY Potsdam Child Care Center, Inc.**  
**185 Outer Main Street**  
**Potsdam, NY 13676**  
**315-267-2391**

**APPLICATION FOR EMPLOYMENT**

Date of Application \_\_\_\_\_ Position(s) Applying for \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Best time to be reached \_\_\_\_\_

Have you ever been employed here before?  YES  NO

Are you employed now?  YES  NO

May we contact your present employer?  YES  NO

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  FULL-TIME  PART-TIME  TEMPORARY

Can you travel to workshops/training if required?  YES  NO

**Education Background**

High School Name \_\_\_\_\_

Years Completed (circle one)      9      10      11      12      GED

College Name \_\_\_\_\_

Years Completed (circle one)      1      2      3      4      GRAD

**Describe specialized training, apprenticeships and skills (First Aid, CPR, CDA, Early Childhood Training, etc.)**

**State any additional information you feel may be helpful to us in considering your application.**

**References (provide name, address and telephone number:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment Experience (please attach a resume)**

Start with your present to last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

If additional space is needed, please use a separate sheet of paper.

Hours you are available to work: \_\_\_\_\_  
(Students, please attach a class schedule)

**Age Group Preference**

- 1. Infants (6 weeks – 18 months)
- 2. Toddler One (18 months – 24 months)
- 3. Toddler Two (24 months – 36 months)
- 4. Preschool (3 years – 5 years)
- 5. School Age (5 years – 9 years)
- 6. No Preference

**Medical Questions**

Are you able to lift at least 25 pounds on a daily basis?  YES  NO  
Have you had any training in proper lifting and reaching techniques?  YES  NO  
Are you able to run after a child if a situation warranted it?  YES  NO  
Do you have any health related limitations, which would impede or inhibit your job performance in any way?  YES  NO

**Applicant’s Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

SPCCC, Inc. is an Equal Opportunity/Affirmative Action Employer and committed to providing opportunities for women and minorities and actively seeks these candidates.