

SUNY Potsdam Child Care Center, Inc.  
Merritt Hall, 44 Pierrepont Ave.  
Potsdam, NY 13676  
315-267-2391

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

Year 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: Give Name, Address and Telephone Number of three references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(TURN PAGE OVER)

EMPLOYMENT EXPERIENCE - Please attach a resume.

Start with your present or 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 you need additional space, please continue on a separate sheet of paper.

Hours you are available to work: \_\_\_\_\_  
(STUDENTS: PLEASE ATTACH A CLASS SCHEDULE)

AGE GROUP PREFERENCE:

1. Infants (6 weeks - 12 months)
2. Toddler Ones (12 months - 24 months)
3. Toddler Two's (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: \_\_\_\_\_

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