

# Confidential Employee Application



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

## Position Applying For:

- Director/Assistant Director     Teacher's Assistant  
 Lead Teacher     Floater

## Important:

Please complete this information in its entirety even if you have attached a resume. We ask that every applicant complete the entire application and answer all questions. Submit the completed application by email to [jvachon@parksideclc.com](mailto:jvachon@parksideclc.com) or print and send to JenVachon, 107 Maine Ave., Bangor, ME 04401.

DJA, LLC (DBA Parkside Children's Learning Center) is an Equal Opportunity Employer. Parkside does not discriminate on the basis of: age, race, color, religion, gender, veteran status, sexual orientation or disability.

PERSONAL INFORMATION	
Full Name	Email Address:
Phone Number(s) you can be reached at	Social Security Number
Mailing Address	

What is the salary or hourly wage you seek currently? \_\_\_\_\_

When would you be available to begin work at Parkside? \_\_\_\_\_

What is the schedule you are available to work? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, what was the nature of the offense?

List three qualities that qualify you to work with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE

Are you familiar with NAEYC accreditation or its process?  Yes  No

How? \_\_\_\_\_

Tell us about your experience working with children:

\_\_\_\_\_  
\_\_\_\_\_

Tell us at least two forms of discipline you use with children:

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Do you have a high school diploma or GED? \_\_\_\_\_

Do you have an Early Childhood Education, Elementary Education, or other college degree? \_\_\_\_\_

If yes, what is your degree and when did you graduate? \_\_\_\_\_

If no, have you completed any course work that might be applicable?  Yes  No Please list:

## WORK HISTORY

Below please tell us about your last three employers, even if they were families that you babysat for.

<b>#1 - Company or Individual Name</b>		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			
<b>#2 - Company or Individual Name</b>		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			
<b>#3 - Company or Individual Name</b>		Phone Number	
Address			
Supervisor's Name		Is she or he still there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		How long?	Dates of Employment
Reason for Leaving		Starting Pay	Ending Pay
Briefly describe duties / age groups / etc.			

May we call the supervisors listed above?  Yes  No

If no, which one(s)? \_\_\_\_\_

Why? \_\_\_\_\_

Please list any other references we may call on your behalf below. Please prepare these people that Parkside will be calling if their names and phone numbers are listed:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

By sending this document via the Internet to Parkside Children's Learning Center, I certify that the foregoing and any other information I have provided is accurate and complete to the best of my knowledge. I understand that if I do not provide accurate information, Parkside may reject my application or discharge me from employment at any time no matter when we learn about the inaccurate information. Understand that by sending this application and choosing "yes" that former employers may be contacted; we will likely call those employers. My application submission acknowledges my understanding that I accept these conditions of employment.