

Date: _____

Desired Hours: _____

Desired Wages: _____



Phone: 757-583-6389 Fax: 757-587-9187

"A Foundation For Your Child's Future"

Email: buildingblocksp@yahoo.com

www.buildingblocksnorfolkva.com

Reviewed By: _____

Interview Date: _____

Hire: Y N

Name: _____, _____

LAST

FIRST

Middle Initial

Maiden

SSN: ____ - ____ - ____ DOB: _____

Address: _____
Number Street Name APT # City STATE ZIP

How long have you lived here: _____

Phone No. 1: (____) ____ - ____
CELL or HOME

Phone No. 2: (____) ____ - ____
CELL or OTHER

EMAIL: _____ Date of Birth: _____

Are you eligible for employment in the U.S? Y N

Position Applied For (1) _____ (2) _____	Days/ Hours available to work	Wednesday: _____
	Monday: _____ Tuesday: _____	Thursday: _____ Friday: _____

Have you been convicted of any crime in the past 10 years, excluding misdemeanors & summary offenses, which have not been annulled, expunged or sealed by a court? Y N

If yes, Please Explain:

Will You work extra hours if asked? Y N

When will you be available to begin work? _____

Have you ever served in the Armed Forces? Yes No

Are you currently a member of The National Guard? Yes No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBER OF YEARS COMPLETED	NUMBER OF EARLY CHILDHOOD CREDITS	GRADUATED YES OR NO	MAJOR/DEGREE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
PROFESSIONAL SCHOOL					
BUSINESS OR TRADE SCHOOL					

Are there any Special Skills, Hobbies, Interests, and Training that you would like to share? _____

Additional Information- Special Accomplishments, awards, civic organization, memberships etc. _____

DO YOU HAVE A DRIVER'S LICENSE? YES NO / Operator: ____ Commercial (CDL) ____ Chauffeur ____

Driver's License Number: _____ Expiration Date: _____ State of Issue: ____

ARE YOU FIRST AIDE & CPR CERTIFIED? YES NO EXPIRATION DATE: _____

PREVIOUS WORK EXPERIENCE

We may contact the employers listed below unless you indicate those you DO NOT want us to contact.

NAME OF MOST RECENT EMPLOYER/ COMPANY: _____	NAME OF LAST SUPERVISOR: _____
ADDRESS: _____ _____	CONTACT NUMBER: _____
	EMPLOYMENT DATES: From: _____ To: _____
	PAY OR SALARY: Start: _____ Final: _____
YOUR LAST JOB TITLE:	REASON FOR LEAVING

List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company. _____

NAME OF EMPLOYER/ COMPANYYY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____ _____	CONTACT NUMBER: _____
	EMPLOYMENT DATES: From: _____ To: _____
	PAY OR SALARY: Start: _____ Final: _____
YOUR LAST JOB TITLE:	REASON FOR LEAVING

List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company: _____

NAME OF EMPLOYER/ COMPANY: <hr/>	NAME OF SUPERVISOR: <hr/>
ADDRESS: <hr/> <hr/>	CONTACT NUMBER: <hr/>
	EMPLOYMENT DATES: From: <hr/> To: <hr/>
	PAY OR SALARY: Start: <hr/> Final: <hr/>
YOUR LAST JOB TITLE:	REASON FOR LEAVING

List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) What are your favorite children's books/ authors? Why? _____

- 2) How would you select a story to read to fours? Why? _____

- 3) Describe a typical preschool classroom. _____

- 4) Create an art activity for a three year old class with the theme of Fall? _____

- 5) Tell me about the behavior you expect from a five year old. _____

- 6) What would you do if Tommy spilled his paint after you had reminded him three times to be careful? Why? _____

- 7) Suppose you handled a situation badly with a child, perhaps making him angry or hurting his feelings, what would you do and why? _____

- 8) What would you do if a parent complained that your classroom seemed "noisy and out of control"? Why? _____

REFERENCES

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME: _____	NAME: _____
Position _____	Position _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

This center is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this center depends solely on your qualifications.

I agree that the information I have given in this form is true to the best of my knowledge. I also understand that my employment with Building Blocks Pre School shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with this Center is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

Thank You for completing this application form and for you interest in our business.