

## EMPLOYMENT APPLICATION

Bright Beginnings Child Care, Inc.  
Bright Beginnings Education Center, Inc.  
PO Box 198  
Lewisville, PA 19351  
(610) 932-6700

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Minimum acceptable salary: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

If so, may we inquire of your present employer? \_\_\_\_\_

What prompted you to apply here?  Advertisement  Own accord  Referred  Employee referral

### EDUCATION

	Name and Location of School	# of years attended	Year Completed	Subjects Studied
High School				
College				
Graduate School				

Are you planning to further your education:  No  Yes When \_\_\_\_\_

Other special training courses \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (List below your last four employers, starting with the most recent)

DATE (month and year)	Name & Phone Number of Employer and Supervisor	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

List any special talents or hobbies: \_\_\_\_\_

What organizations do you belong to (Educational or Professional): \_\_\_\_\_

What age group do you enjoy working with most? \_\_\_\_\_

On which of the following do you have current training?

\_\_\_ CPR      \_\_\_ First Aid      \_\_\_ Food Handlers Permit

\_\_\_ HIV Training      Have you had a current TB test? \_\_\_\_\_

What contributions could you bring to our program? \_\_\_\_\_

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

**What is your philosophy of learning?**

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**What is your philosophy of discipline?**

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**REFEERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

**PROFESSIONAL REFERENCES**

Name	Phone	Years Acquainted

**PERSONAL REFERENCES**

Name	Phone	Years Acquainted

In case of emergency notify: \_\_\_\_\_  
Name Phone

Have you ever been convicted of a crime or felony? No Yes: \_

Do you object to being fingerprinted? No Yes

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## **ATTACHMENTS**

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Please attach the following items as you make application to Bright Beginnings.

- Letter of interest
- Verification of experience with children
- Documentation of education and training (unofficial transcripts, certificates, etc.)
- At least one letter of professional recommendation
- Professional Resume

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its' president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for and specific period of time, or to make any agreement contrary to the foregoing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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