

Scurry Community Services, Inc.

Application for Employment

Federal, State and Local law prohibit discrimination in employment because of sex (including pregnancy), age, race, color, religious creed, citizenship, marital status, national origin, ancestry, military status or disability.

PLEASE PRINT CLEARLY (DO NOT USE PENCIL)

Check all positions applying for: Full time Part time Teacher Substitute Management

Name _____ SS Number _____

Address _____

Phone Numbers _____

Have you worked for this agency before? NO YES If yes, when? _____

List any relatives or friends working for this agency: _____

How did you learn of this opening? _____

If hired, what date would you be able to start to work? _____

Our hours of operation are 6:30 am to 6:00 pm, Monday –Friday. Will you be available to work these hours? YES NO If NO, what hours can you work? _____

Are you fluent in another language? _____ Do you Speak Read Write

EDUCATION BACKGROUND:

School Attended	City & State	Years	Major	Type of Diploma or Degree obtained

Check all of the following certifications that you have obtained:

CDA CDL Pediatric First Aid/CPR Other _____ Are these certifications current? Y/N

List any experiences; skills, training or qualifications that you have that will aid you in fulfilling the job responsibilities:

Would you be willing to attend training sessions in the evening or weekends? YES NO

Are you interested in obtaining an education in early childhood (evening or online classes) if the classes were provided at no cost to you? YES NO

What do you think a teacher's main goal should be in caring for children? _____

What is your philosophy on discipline and behavior management? _____

What are your personal goals for the future? _____

CURRENT EMPLOYER

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed:
Rate of Pay:	Reason for wanting to leave:
Duties:	

PRIOR WORK HISTORY

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed: Start End
Rate of Pay	Reason for leaving
Duties	

Place:	Address:
Phone number:	Supervisor name:
May we contact them for reference? YES NO	Dates Employed: Start End
Rate of Pay	Reason for leaving
Duties	

PROFESSIONAL REFERENCES: You must list 3 professional references for this application to be complete. **Do not list relatives.**

NAME	OCUPATION	CONTACT INFO	YEARS KNOWN

I understand that any misrepresentation or deliberate omission of a fact in my application may be justified for refusal of, or if employed, termination from employment. It is my understanding that Scurry Community Services will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the above named employers, with the exception of my current employer, if I have so indicated, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired and may subject me to immediate dismissal.

Applicant Signature

Date

OFFICE USE ONLY

Date of Application		Background Check Results
Interviewed		Central Registry:
Pre-service Training		DPS:
Date of Hire		FBI:
Position		