



# THE ARK EARLY CHILDHOOD LEARNING CENTER

TRINITY HEIGHTS

3600 N. Fourth Street | Flagstaff, AZ 86004 | (928) 526-1397 or (928) 714-0667

## Application for employment

Please type or print clearly.

Office use only:

Interview date \_\_\_\_\_

Start date \_\_\_\_\_

Today's date: \_\_\_\_\_

### Personal Data

Last name: \_\_\_\_\_ First: \_\_\_\_\_ *Social Security # must be provided at time of hire.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ :  Cell?  Land line?  I am over 18

How or by whom were you referred? \_\_\_\_\_

Did you previously work here at the Ark?  Yes  No

If yes, give dates: \_\_\_\_\_

When were you hired and when was your last day? \_\_\_\_\_

Position desired:  Infant Teacher  Infant Aide  Toddler Teacher  Toddler Aide  
 Preschool Teacher  Preschool Aide  Floating Aide  Other \_\_\_\_\_  
 Summer Program

Are you legally authorized to work in the United States?  Yes  No

(If hired, you will be required to submit proof of your identity and work authorization as a condition of employment.)

Do you have specific salary requirements?  Yes  No If yes, please indicate: \_\_\_\_\_

### Work Preference

If hired, when are you available to start work: \_\_\_\_\_

Type of hours:  Morning  Afternoon  Full-time (35 hours)  Part-Time (18-20 hours)

Type of position:  Regular  Substitute

Are there any days or hours you are unable or unwilling to work? If yes, write specifics below:

### Education

High school name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17

Diploma or GED:  Yes  No

College (list all whether or not degree was obtained):

Name	Address	Major	Degree	Date degree awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic honors, awards or special recognition: \_\_\_\_\_

Special certificates and/or training: \_\_\_\_\_

## Employment Data

Please complete in full even though you may also be submitting a resumé. You may include military service and any verifiable work performed on a volunteer basis.

1. Current/Last employer: \_\_\_\_\_ Employment dates: \_\_\_\_\_

Type of business: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: Starting \_\_\_\_\_

\_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

2. Current/Last employer: \_\_\_\_\_ Employment dates: \_\_\_\_\_

Type of business: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: Starting \_\_\_\_\_

\_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

3. Current/Last employer: \_\_\_\_\_ Employment dates: \_\_\_\_\_

Type of business: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: Starting \_\_\_\_\_

\_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

## References

**References:** Give the names and addresses of two individuals, one professional and one personal, who know you well to whom we may refer.

1. Name and address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Years acquainted: \_\_\_\_\_ How do you know this individual? \_\_\_\_\_

2. Name and address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Occupation: \_\_\_\_\_

Years acquainted: \_\_\_\_\_ How do you know this individual? \_\_\_\_\_

## Applicant's Statement

### **READ CAREFULLY BEFORE SIGNING:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that if I accept a position that involves working with children under the age of 18, that I will be required to complete a criminal background check, be fingerprinted and be qualified to work under the Arizona Department of Health Services policies and procedures. The fees charged for these prerequisites will be paid by The Ark if employment lasts for the duration of six months or more. If an employees work is terminated within six months of employment that employee will have these fees deducted from their payroll.

**My signature certifies that I have read and agree with the above statements.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date