

CORTLAND CHILD DEVELOPMENT CENTERS

59 Pomeroy Street * Cortland, New York 13045 * (607) 758-9325

School Age Program (607) 753-6717 * Fax (607) 756-2530

childdev1@verizon.net

Personal Information:

Date: _____

Name: _____

Present address: _____

Phone: _____ Email: _____

Employment Desired:

Position: _____ Date you can start: _____

Current employer: _____ May we contact them? _____

Available Days & Hours:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Education:

High School: _____ Graduate: Y/N _____ Major: _____

College: _____ Graduate: Y/N _____ Major: _____

Special training, skills, etc. _____

Prior experiences with groups of children? _____

Former Employment:

Dates	Name of employer	Address	Position	Phone number
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1. _____

2. _____

3. _____

References – Must list 3 – No Relatives:

Name	Address	Day time phone number
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1. _____

2. _____

3. _____

Have you ever been convicted of a felony or misdemeanor? No _____ Yes _____

(Conviction will not necessarily disqualify you from employment.)

If yes, please explain: _____

Applicant's Statement:

I authorize the investigation of all statement contained in this application. I understand that misrepresentation of facts stated above may be cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without previous notice or cause. I also understand that if hired, I am required to abide by all rules and regulations of this program and the licensing requirement of the NYS Dept. of Social Services.

Applicant's Signature: _____ Date: _____

Office Use:

Start Date: _____ Hire Date: _____

