



The Children's Institute

Amazing Kids. Amazing Place.

APPLICATION FOR EMPLOYMENT

This organization is an equal opportunity employer. Applicants for all positions are considered without regard to race, color, national origin, religion, disability, ancestry, age, gender, sexual orientation, gender identity or expression, genetic information, marital status or veteran/military status or any other category protected by federal, state or local law or ordinance.

Personal Information

Please Print

Name _____ Email address _____
Last First Middle

Present Address _____
Number Street City State Zip Code

Telephone Number: () _____

Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required
upon employment) Yes No
Do you require sponsorship? Yes No

Are you 18 years of age or older? Yes No

Position(s) applied for: 1st Choice _____ 2nd Choice _____

Employment Type: Full Time Part Time Casual Temporary Compensation expected \$ _____

If Part Time specify days & hours _____

Were you previously employed by us? Yes No If yes, when _____
In what Department _____ Position _____

If your application is considered favorable, on what date will you be available to work? _____ 20_____

Education

High School: Circle Number of Years Completed 1 2 3 4

School _____ City _____ State _____

High School Diploma or General Educational Development Test (G.E.D.) Yes No

College: Circle Number of Years Completed 1 2 3 4

School _____ City _____ State _____

Major _____ Degree Earned _____

If employed in a professional or technical capacity an original document of relevant diploma, license, certificate, or registration must be submitted to the hiring department director or supervisor for review.

Other Training or Degrees

School(s) _____ City _____ State _____

Course _____ Degree Earned _____

Professional License # _____

Employment – Fill in completely and indicate current employer first. **Attach your resume or additional pages for previous employment information. Include U.S. military service.**

NOTE: For all individuals applying for a position with The Day School there are additional employment background checks required to comply with Act 168. Pending an offer of employment all applicants for a position at TDS are required to complete a "Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release form" for all previous employers which were school entities or in a position where there was direct contact with children. I understand my current employer will be contacted, if and only if, an offer of employment is extended and accepted.

| | | |
|---|---|--|
| 1 | Employer: _____ Telephone: () _____ | Position: _____ Salary/Hourly Rate: _____ |
| | Address: _____ | Employed – (State month and year) From: _____ To: _____ |
| | Name of Supervisor & Title: _____ | Reason for Leaving: _____ |

| | | |
|---|---|--|
| 2 | Employer: _____ Telephone: () _____ | Position: _____ Salary/Hourly Rate: _____ |
| | Address: _____ | Employed – (State month and year) From: _____ To: _____ |
| | Name of Supervisor & Title: _____ | Reason for Leaving: _____ |

| | | |
|---|---|--|
| 3 | Employer: _____ Telephone: () _____ | Position: _____ Salary/Hourly Rate: _____ |
| | Address: _____ | Employed – (State month and year) From: _____ To: _____ |
| | Name of Supervisor & Title: _____ | Reason for Leaving: _____ |

| | | |
|---|---|--|
| 4 | Employer: _____ Telephone: () _____ | Position: _____ Salary/Hourly Rate: _____ |
| | Address: _____ | Employed – (State month and year) From: _____ To: _____ |
| | Name of Supervisor & Title: _____ | Reason for Leaving: _____ |

May we contact the employers listed above? Yes No If not, indicate by number(s) which ones you do not wish us to contact.

Did you work for any of these employers under a different name? Yes No

If yes, what name did you use? _____

Do you have any friends or relatives who work here? Yes No

Please list any other training, experience, or information pertinent to your application: _____

Carefully Read This Section Prior to Providing Signature Below:

I understand my employment is dependent upon satisfactorily passing a pre-placement health assessment and drug screen. And, if the position for which I am applying warrants I must satisfactorily pass a functional capacity exam.

I hereby certify the foregoing statements contained in this application are true and correct to the best of my knowledge and belief, and understand that falsification of this information is grounds for disqualification from further consideration or, if I am employed, will be sufficient cause for immediate dismissal. I further authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and release from any and all liability and person or entity providing such information about me, pursuant to this authorization. This authorization extends to the release of all records of employment and to further answer all questions concerning my education, abilities, and prior employment record.

I understand and acknowledge my employment relationship with this organization is of an *at will* nature, which means I may resign at any time, and the employer may discharge me any time with or without cause and with or without notice. It is further understood this *at will* employment relationship may not be changed by any written document or by conduct unless this change is specifically acknowledged in writing by an authorized executive of this organization. Finally, I hereby agree to abide by the policies and procedures of The Children’s Institute.

Date: _____ Signature: _____

This application is void after a period of 180 days, and if you have not been hired in that time and are still interested in being considered for employment, then you must reapply.