

CHILDREN'S HOUSE CHILD CARE CENTERS

720 Wilbraham Rd. Springfield, MA 01109 – 413-782-4448 FAX 782-8073 Email: pflowers@childrenshouseinc.org / Website: www.childrenshouseinc.org

Application for Employment - Teacher or Director

Date:	Position Applied For:					
Name:	Email:					
Address:						
City:		State:	Zip:			
Home Phone		EE	C Qualifications R	legistry #:		
Cell Phone		Le	vel(s):			
List Early Childhoo	d Positions Hel	d:				
Name of Center	Location	Supervisor	Position	Dates		
Education Backgro	und:					
School Name	Location	Major/Minor	Degrees	Dates		
Date CPR training comp Do you object to having Department of Children required to submit to fir Have you ever worked Have you ever been acc	ompleted (must be take a Background Rectain and Families (DCF) ager print checksunder another name used and/or convice	taken within past 2 years):	RC includes: Crim ry (SORI). Soon all name?	staff will also be		
phone number and rel supervisor, phone numb	ationship. Also, lis per and any other	rences (two professional a t positions held not relat pertinent information). List ty resulting from information	ed to Early Child ting references also	lhood (include dates		
Children's House, Inc. shall not martial or veteran status, sexua		r applicant because of race, color, r r legally protected status.	religion, creed, gender, n	ational origin, age, disability		
Falsification of information on the EOE(initials only		nterview will be viewed as ground fo	or refusal or termination (of employment. We are an		
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Application for Employment (CONTINUED)

Name:	
Why are you interested in working in the field of Early Childhood?	
What are your goals for your future in this profession?	
Have you ever worked in a team teaching situation? If so, what was your position and the position of the person you taught with?	
Do you feel that education or social adjustment is most important for preschool children?	
State briefly your ideas about parent involvement	
What methods of discipline do you feel most comfortable using with children?	
Are there any classroom duties that you feel a teacher should not be responsible for? (i.e. cleaning, working longer hours, etc.)	
Are you physically able to perform the job you are applying for? (might include moving equipment, lifting children, etc.)	
How did you become interested in our school?	
Signature:	Date:



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Application for Employment - Teacher Assistant / Support Staff

Date:	Position Applied For:						
Name:	Email:						
Address:							
City:	Phone		State:		Zip: EEC Qualifications Registry #:		
Home Phone							
Cell Phone					Level(s):		
Education Backgro	und:						
School Name	Loca	ition	Major/Mir	or	Degrees	Dates	
Work Experience:				I			
Name		Location		Position	Dates		
Please answer the fo	llowing	 uestion	s:			<u> </u>	
Date First Aid training of Date CPR training comp Do you object to having Department of Children required to submit to fit Have you ever worked Have you ever been according to the submit to the submit to fit have you ever worked Have you ever worked that the submit to the submit to fit have you ever worked that the submit to the submit	bleted? (mg a Backgr a and Fam nger print under and used and	oust be taged ilies (DC checks.) The checks other nandor convices the conviction of	ken within past to cord Check (BROF) and Sex Offer ne? If cted of child abu	year) _ C) dor nder R yes, v se?	ne? (BRC includes: C egistry (SORI). Soon vhat name?	all staff will also be	
phone number and rel	ationship. per and a	Also, li ny other	st positions hel pertinent inform	d not mation	related to Early C). Listing references a	al) include name, address, hildhood (include dates, also indicates permission to	
Children's House, Inc. shall not or veteran status, sexual orientat						ional origin, age, disability, martial	
Falsification of information on thi	s application	or during in	terview will be viewed	as grou	nd for refusal or termination	of employment.	
(initials only	·)						

Application for Employment (Continued)

Name:	
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How did you become interested in our school?	
Signature:	Date: