



Phone: 740.446.4467

French City Child Care Center

300 3rd Avenue Gallipolis, OH 45631

Employment Application



Fax: 740.446.4737

Position(s) Applied For: _____ Date of Application _____
(Please Print)

Last Name	First Name	Middle Name
Address	City	State Zip
Home Phone Number	Cellular phone number	Referred by:

What type of employment do you desire? Specific Days or Hours? _____
 Full Time Part Time

Have you ever filled an application with us before?
 Yes If yes, give date _____
 No

Have you been employed with us before?
 Yes If yes, give date _____
 No

Do any of your friends or relatives, other than spouse, work here?
 Yes If yes, state name, relationship and location _____
 No

In the last 10 years have you ever been convicted of a felony?
 Yes
 No

Are you currently employed?
 Yes
 No

Education and Qualification

Education	School Name	Course of	Graduate?	# of Years	Degree/
High School					
College					
Post College					

Employment History

Employer	Dates employed: From: _____ To: _____
Work Performed	
Address:	
Telephone:	
Starting/Present Job Title	
Hourly Rate/Salary: Starting	Final
Supervisor:	
Reason for Leaving:	
May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain why)	

Employer	Dates employed: From: _____ To: _____
Work Performed	
Address:	
Telephone:	
Starting/Present Job Title	
Hourly Rate/Salary: Starting	Final
Supervisor:	
Reason for Leaving:	
May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain why)	

Employer	Dates employed: From: _____ To: _____
Work Performed	
Address:	
Telephone:	
Starting/Present Job Title	
Hourly Rate/Salary: Starting	Final
Supervisor:	
Reason for Leaving:	
May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain why)	

Describe any specialized training related to child care and or other specialized qualifications:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

Personal/Professional References: Do not include family members or past supervisors

Name	Phone Number	Occupation

Applicant's Statement

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 meant 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 his "at will" employment relationship may not be change 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 unemployment, 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.

Signature of Applicant _____ Date _____