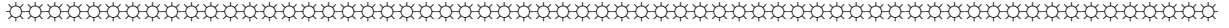




Woods Hollow Children's Center
5470 Research Park Drive
Fitchburg, WI 53711
(608) 273-4433
www.woodshollow.org

Teacher Application for Employment
An Equal Opportunity Employer



Last Name _____ First Name _____ Middle Initial _____

Permanent Address _____

City _____ State _____ Zip _____ Phone 1 _____

E-Mail: _____ Phone 2 _____

Today's Date _____

Instructions: Please answer all questions. This application is designed for several types of employment opportunities within our corporation. Some of the questions may not be completely applicable to the job you are seeking. Nonetheless, we ask that you answer all questions. Resumes will not be accepted in place of this application.

Only US Citizens or aliens who have the legal right to work in the US are eligible for employment. Can you submit documentation verifying your legal right to work in the US and your identity if hired? YES ___ NO ___

Are you over the age of 18? YES ___ NO ___

What days and times are you available to work?

M _____; T _____; W _____; Th _____; F _____

What type of employment are you interested in? Regular Full Time ___ Regular Part Time ___
Temporary (LTE) Full Time ___ Temporary (LTE) Part Time ___ Summer Only (LTE) ___

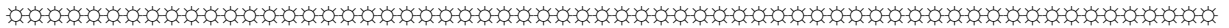
Position applying for:

Teacher: Lead ___ Associate ___ Assistant ___ Float ___ Aide ___

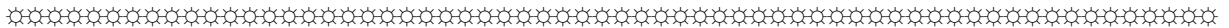
**please reference our Career Ladder to verify educational requirements

What date are you available to start? _____

Have you ever been convicted of a felony in the last seven years? YES ___ NO ___
(Such conviction may be relevant if job related, but does not bar you from employment.)

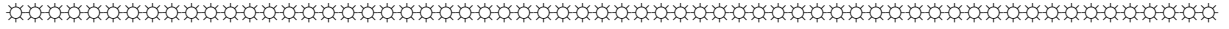


You may be required to routinely engage in physical activities including lifting 25 or more pounds, bending, stooping or climbing.



Employment History

Provide a complete description. This information will be used to determine if your application will be accepted. Start with your most recent job. For part time work show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. You may also attach a separate sheet with additional information.



Employer _____ **Kind of Business** _____

Address _____ **City** _____ **State** _____

Your Job Title _____ **Reason For leaving** _____

Summarize the nature of the work performed and job responsibilities _____

Dates Employed: FROM _____ **TO** _____

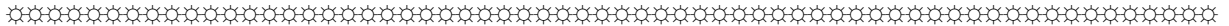
Starting Hourly Rate/Salary \$ _____ per _____ Final Hourly Rate/Salary \$ _____ per _____

Name of Supervisor _____ **Phone Number** _____

Email* (preferred for reference): _____

May we contact for a reference? YES _____ NO _____ LATER _____

Please provide reason(s) why we should not contact this employer _____



Employer _____ **Kind of Business** _____

Address _____ **City** _____ **State** _____

Your Job Title _____ **Reason For leaving** _____

Summarize the nature of the work performed and job responsibilities _____

Dates Employed: FROM _____ **TO** _____

Starting Hourly Rate/Salary \$ _____ per _____ Final Hourly Rate/Salary \$ _____ per _____

Name of Supervisor _____ **Phone Number** _____

Email* (preferred for reference): _____

May we contact for a reference? YES _____ NO _____ LATER _____

Please provide reason(s) why we should not contact this employer _____

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you for the position for which you are applying _____

Educational Data

High School

Address _____ City _____ State _____
Diploma/GED YES _____ NO _____ Year graduated _____

College

Major/Minor _____
Address _____ City _____ State _____
Number of Years Attended _____ Degree _____

Graduate School

Major/Minor _____
Address _____ City _____ State _____
Number of Credits _____ Degree _____

Technical College

Major/Minor _____
Address _____ City _____ State _____
Number of Credits _____ Degree _____

Check below any and all applicable coursework and training that you've completed:

Infant/Child CPR Training YES _____ Expiration Date _____ NO _____

Pediatric First Aid Training YES _____ Expiration Date _____ NO _____

"Asst. Child Care Teacher" or "Intro to the Child Care Profession" YES _____ Completion Date _____; NO _____

"Child Care Teacher" or "Skills & Strategies for the Child Care Teacher" YES _____ Completion Date _____; NO _____

Infant Toddler Care YES _____ Completion Date _____; NO _____

Child Development Associate (CDA) YES _____ Completion Date _____; NO _____

Professional Credential YES _____ Completion Date _____ Credential Type _____; NO _____

Associates Degree YES _____ Completion Date _____ Major _____; NO _____

Bachelors Degree YES _____ Completion Date _____ Major _____; NO _____

REGISTRY LEVEL (if applicable) _____ (Check here if you're not sure _____); Not on Registry _____

**** Please attach copies of transcripts, Registry certificate, other documentation of completion of coursework.**

References

List the name and telephone number of **three work references** who are not previous supervisors. If not applicable, then list three school or personal references **NOT** related to you.

Name _____ Telephone _____ Years Known _____

Address _____ Relationship _____

Email* (preferred for reference): _____

Name _____ Telephone _____ Years Known _____

Address _____ Relationship _____

Email* (preferred for reference): _____

Name _____ Telephone _____ Years Known _____

Address _____ Relationship _____

Email* (preferred for reference): _____

List any additional information that you would like us to consider _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on the application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodations that would be required by the American with Disabilities Act.

All new applicants considered for hire will need to complete a State of Wisconsin Background Check Request Form at the point of an interview. Any new hire decisions are contingent on an FBI Fingerprint background check and must be completed prior to starting work, based on Licensing Rules. Any information discovered on Caregiver Background Checks, Department of Justice and FBI fingerprint based background checks is verified by the Caregiver Background Unit(CBU). Final eligibility to work in a child care center is decided by the CBU based on their results of all background checks.

Signature of Applicant _____ Date _____