

Developmental Learning Center (DLC) Employment Application



E-mail completed
application to
INFO@DLCNL.org

Developmental Learning Center (DLC) is an equal opportunity employer.

Recruiting, hiring, promotions, compensation, professional development, and all other terms and conditions of employment are done on the basis of qualifications, merit, and competence and not on the basis of race, color, national origin, gender, disability, veteran status, marital status, age or any other status protected by law.

Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal (termination of employment).

Personal Information

Name: _____ Date: ____ / ____ / ____

Address: _____

E-Mail Address: _____ Phone: (____) _____

Date of Birth: _____ Social Security Number: _____

Position you are applying for: _____

Type of Employment Interested In: Full Time Part Time Temporary

If P/T or Temporary, please specify days and hours available: _____

Church Affiliation/Community Involvement: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been employed by DLC or ever applied at this Center? Yes No

If yes, when and in what capacity? _____

How were you referred to DLC? Current Employee (_____)

Friend of DLC Social Media Website Other _____

Please answer the following Questions

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? Yes No
2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?
 Yes No Explain: _____
3. I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. Yes No
4. Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a first-degree misdemeanor? Yes No Explain: _____
5. Is there anything that could call into question your ability to work with children? Yes No

Prior to employment, all DLC employee candidates are required to successfully pass a Level 2 Background Screening with DCF and AHCA (paid for by DLC). Screening information will be provided by DLC prior to employment.

Office Use Only: Employed: YES [] NO [] If Yes, Job Title: _____

Date beginning Employment _____ Compensation \$ _____

Director Signature: _____ Date: _____

Employment History (please list a minimum of all employers with in the **last five years**; include accurate contact information)

<i>DLC Verification:</i> _____ _____ _____	Employer: _____ Address: _____ Supervisor: _____ Phone Number: _____ Job Title: _____ Starting Salary: _____ Ending Salary: _____ From (month/year): _____ To (month/year): _____ Hours Per Week: _____ Duties and Responsibilities: _____ Reason for Leaving: _____
<i>DLC Verification:</i> _____ _____ _____	Employer: _____ Address: _____ Supervisor: _____ Phone Number: _____ Job Title: _____ Starting Salary: _____ Ending Salary: _____ From (month/year): _____ To (month/year): _____ Hours Per Week: _____ Duties and Responsibilities: _____ Reason for Leaving: _____
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DLC is required to verify your eligibility to work in the United States by completing the Immigration and Naturalization Service Form I-9. If offered employment, you will be asked to provide this information and other documentation, as required by law, to begin work.

Emergency Contact Information

Name: _____ Relationship to you: _____
Home Address: _____ Phone Number: (_____) _____

Education/ Certification

Education	School Name & State	Major (if Applicable)	Year Completed	Year Expiring
45 DCF Hours				
Staff Credential				
Director's Credential				
High School Diploma				
AA Degree				
BA Degree				
Other Credentials, Certificates, CPR, etc				

References *(list at least 2 people that are not related to you, but familiar with your work)*

Name	City/ State	Phone(s)	Relationship and dates acquainted with your work

Permission to Release Information and Certification of Truth

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Developmental Learning Center (DLC) to hire me. If I am hired, I understand that either DLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of DLC has the authority to make any assurance to the contrary.

I consent to the release of information on my ability, employment history, fitness for employment, educational records, law enforcement records, and/or any job-related information by employers, schools, law enforcement agencies, and other individuals and organizations to DLC. I further release all persons or companies from any and all claims as a result of any inquiry or response given in connection with my application for employment. This consent shall continue to be effective during my employment should I be hired. I understand that, if I am given an offer of employment, it will be conditional on satisfactory results of a background investigation, or drug test and physical (if applicable). I further understand & voluntarily agree, as a condition of employment or my continual employment, that I may be requested to submit to a drug test, and that my failure to comply when requested to do so or unsatisfactory results will disqualify me from consideration for employment, or if I am already employed, may result in immediate termination.

I attest with my signature below that I have given to DLC true and complete information on this application. No requested information has been concealed. I authorize DLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant's Signature: _____ Date: ____/____/____

Writing Sample

Please write a paragraph below telling us about yourself. Please including what you like most about working with children, how you heard about our center, and why you want to work at DLC?
