

Initial (Pre-Employment) Application

Your Contact Information		
First Name	Last Name	
E-mail Address	Phone	
Which position are you interested in?		
Instructions: This pre-application will be used along with oth educational background and work history. In Part II , a number of job requirements are list illustrates your qualifications. Once you have completed this Pre-Employment to save as you go to avoid losing unsaved work	ted. You are to describe the experier	nces and accomplishments which best
Part I Complete all blanks.		
College:		
School 1	Location	Area of Study
Degree or Certificate Name	Degree or Certificate Completed	Year Awarded

In Progress

School 2 (if applicable)	Location	Area of Study
Degree or Certificate Name	Degree or Certificate Completed In Progress	Year Awarded
Graduate School (if applicable):		
School 1	Location	Area of Study
Degree or Certificate Name	Degree or Certificate Completed In Progress	Year Awarded
School 2 (if applicable)	Location	Area of Study
Degree or Certificate Name	Degree or Certificate Completed In Progress	Year Awarded

Please list other training programs, seminars, or conferences you have attended (with approx. dates). Be sure to include incompany programs.

Some employment situations are less than ideal. Have you ever been dismissed from an Early Childhood Education or Day Care Facility?

Yes

No

If yes, please explain:

Work History. List all present and past positions beginning with the most recent. Account for the last 10 years.						
Job Title 1		Company	Supervisor	's Name		
Street Address		City, ST	Zip Code	Phone Number		
From	То		Salary (Start / End)			
Job responsibilities / duties						
Job Title 2		Company	Company Supervisor's Name			
		0. 07		5		
Street Address		City, ST	Zip Code	Phone Number		
From	То		Salary (Start / End)			
Job responsibilities / duties						
Job Title 3		Company	Supervisor's Name			
Street Address		City, ST	Zip Code	Phone Number		
From	То		Salary (Start / End)			
Job responsibilities / duties						

Job Title 4		Company	Supervisor's Name	
Street Address		City, ST	Zip Code	Phone Number
From	То		Salary (Start / End)	
Job responsibilities / duties				
Job Title 5		Company	Supervisor's Name	
Street Address		City, ST	Zip Code	Phone Number
From	То		Salary (Start / End)	

Part II

Each of the following questions presents the name of a competency that has been deemed to be relevant to the job for which you are applying. Please respond to each one thoroughly. Use real examples, including names of people involved, when and where the example took place, problems you have solved, results you achieved, etc..

Interactions: Able to take advantage of "teachable moments"; able to interact with children in a way that supports cognitive development; able to ask open-ended questions; able to encourage children's problem solving skills; able to plan interactions that support and extend adult-guided and child-initiated activities and play

Describe in detail one actual experience that best illustrate your qualifications for this requirement.

Classroom Management / Positive Discipline: Able to structure classroom environment, schedule, and transitions in a way that allows for fewer behavior issues and maximizes learning experiences; able to acknowledge children's perspectives, be clear about classroom limits, and build child problem solving competencies; able to utilize team and other resources to support children in order to achieve positive behavior

Describe in detail one actual experience that best illustrate your qualifications for this requirement.

Teamwork: Able to positively resolve conflicts with co-workers; able to support co-workers; able to contribute to positive, fun, accepting atmosphere among co-workers; able to consider co-workers' perspectives and work with others towards achieving high quality classroom

Describe in detail one actual experience that best illustrate your qualifications for this requirement.

Part III:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE CHECKING EACH BOX

I certify that all information provided in this application and any attachments are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment, or if I am hired, may result in my dismissal from employment if discovered at a later date.

I understand the Advantage Learning Center may conduct or request a reference and background check.

I have read, understand, and consent by my electronic signature to these statements.

Authorization

I authorize any individual, company, or institution with whom I have been associated with to furnish Advantage Learning Center, LLC. or its representative with any information concerning my past performance or employability that they have on record or otherwise.

I authorize Advantage Learning Center to perform all checks of my credentials as allowed by law, including but not limited to discussions with supervisors, co-workers, friends, business associates, or other individuals that the company, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims or causes of action of any kind against Advantage Learning Center, its agents, its employees, or any individual contacted by Advantage Learning Center arising out of Advantage Learning Center's investigation.

Electronic Signature:

Full Name

Date

Last 4 digits of SSN: