**The Growing Place, Inc.**

909 S. 4th St. ❖ DeKalb, IL 60115 ❖ 815-756-5744 ❖ www.growingplace-il.com

Caitlin Lee, Executive Director

**APPLICATION FOR EMPLOYMENT**

*TB skin test and health clearance form and background check are required for employment*

*You must submit your college transcript with this completed application for employment consideration.*

**APPLICANT INFORMATION** – Please print clearly. All portions of this application are required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | MI | Last | Birth Date: MM/DD/YYYY  / / | Social Security Number:  \_\_\_ \_\_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| Local Address | Street | City | State Zip | Primary Phone |
| Permanent Address | Street | City | State Zip | Secondary Phone |
| Email Address | | Language(s) in which you are Fluent | | How would you describe your general health:  ❒ Excellent ❒ Good ❒ Fair ❒ Poor |
| Position for which you are applying  ❒ Executive Director  ❒ Program Director  ❒ Administrative Assistant | | ❒ Early Childhood Teacher  ❒ Early Childhood Assistant Teacher  ❒ School Age Teacher  ❒ School Age Assistant Teacher | | ❒ Volunteer  ❒ Cook  ❒ Substitute Teacher  ❒ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a/n  🞏 Fulll-time DeKalb area resident? 🞏 NIU Student 🞏 Kishwaukee College Student? 🞏 Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**PREVIOUS EMPLOYMENT** – Please list your last ten (10) years of employment, including complete addresses with city, state, and ZIP code. Attach additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates (mm/yy)  From\_\_\_\_\_\_ | Employer name |  |  | Your Title |
| To\_\_\_\_\_\_\_\_ | Address Street | City | State | Type of Work |
| Dates (mm/yy)  From\_\_\_\_\_\_ | Employer name |  |  | Your Title |
| To\_\_\_\_\_\_\_\_ | Address Street | City | State | Type of Work |
| Dates (mm/yy)  From\_\_\_\_\_\_ | Employer name |  |  | Your Title |
| To\_\_\_\_\_\_\_\_ | Address Street | City | State | Type of Work |
| Dates (mm/yy)  From\_\_\_\_\_\_ | Employer name |  |  | Your Title |
| To\_\_\_\_\_\_\_\_ | Address Street | City | State | Type of Work |

**EDUCATIONAL BACKGROUND** – Please circle the **one (1) item** indicating the highest level you have completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Elementary Grade**  K 1 2 3 4 5 6 7 8 | **High School**  1 2 3 4 GED | **Years of College** (undergraduate)  1 2 3 4 | **Years of Graduate Work**  1 2 3 4 |

Name of High School Name of College(s)

Major(s) Degree(s) currently held

Date Employed Position Key Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Terminated Reason for Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name Application Date

**REFERENCES** – List three (3) individuals who are at least 21 years old, including each phone number, completed address, with city, state, and ZIP code, and email address, so they may be contacted.

**At least two (2) of your references must be professional – NO Relatives**.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | First Name Last Name | Relationship to you | Phone |
| Address Street City State ZIP | | Email |
| 2 | First Name Last Name | Relationship to you | Phone |
| Address Street City State ZIP | | Email |
| 3 | First Name Last Name | Relationship to you | Phone |
| Address Street City State ZIP | | Email |

I am authorizing The Growing Place Inc. to contact each of my references to request information about me, including knowledge of my previous employment record and suitability for the position for which I am applying.

Applicant Signature Date

**AVAILABILITY**

I can begin working on (Beginning date)

I am interested in working : 🞏 Full time 🞏 Part time

I am a Work Study Student at NIU: 🞏 Yes 🞏 No

The Growing Place hours of operation:

**Main Center** Monday-Friday 6:45 AM – 5:30 PM

**School Age Site** Monday-Friday Before School: 6:45 AM to start of school day

Monday-Friday After School: End of school day to 5:30 PM

I expect to be available for work:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 🞏**Summer** (List hours below) | 🞏**Fall Semester** (List hours below) | 🞏**Spring Semester** (List hours below) |
| Monday | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ |
| Tuesday | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ |
| Wednesday | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ |
| Thursday | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ |
| Friday | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ |
|  | Beginning Date\_\_\_\_\_\_\_\_\_ | Beginning Date\_\_\_\_\_\_\_\_ | Beginning Date\_\_\_\_\_\_\_\_ |
|  | Ending Date \_\_\_\_\_\_\_\_\_\_\_ | Ending Date \_\_\_\_\_\_\_\_\_\_ | Ending Date \_\_\_\_\_\_\_\_\_\_ |

Applicant Name Application Date

**THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES DAY CARE CENTER LICENSING STANDARDS REQUIRES A BACKGROUND INQUIRY.**

1. Have you ever been convicted of a crime other than a minor traffic violation? 🞏 Yes 🞏 No
2. If the answer is yes, list all pertinent details:

|  |
| --- |
|  |
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|  |
|  |

I certify that, to the best of my knowledge, all of the information contained in this application is complete and accurate, including any attachments to this application.

Applicant Signature Date

Witness Signature Date

This form will be maintained in a confidential file for five (5) years.

Access will be limited to the Executive Director of The Growing Place, Inc., the Program Director of The Growing Place, Inc., the Administrative Assistant of The Growing Place, Inc., and the Director of the Department of Children and Family Services or his/her designee.

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