## Chestnut Academy Employment Application

Last Name	First Name	Middle Name		_	
Email Address	Social Security #				
Address (St, Rd, or PO Bo	x)	City	State	Zip	
Phone w/area code:	Day:	Evening:			
Thank you for choosing C professionals who are en Opportunity employer. A requirements for employ	ergetic, motivated and poplicants must show the	oossess integrity. C ey understand and	hestnut Acad	demy is an Equal	
	Requiremen	ts for Employn	nent		
	(Please initia	l if applicable to yo	u)		
High School Graduat	e or has G.E.D.				
Is able to Is able to provide a copy of Driver's License or identification card					
Is able to Is able to w	rite and speak fluent En	glish			
Are at least 18 years	old or 16 years old and	in the Early Childho	ood pathway		
Has United States Citizenship or is legally authorized to work in the United States.					
Are able to sit on the	floor to interact with ch	nildren			
Is physically able to g	et up and down from flo	oor activities			
Has the ability to me	et all job requirements v	which may vary			
Able to complete a criminal background and CPS check					

## **Age Group Preference**

Age Group Preference if applying for a classroom position:

No Preference	_ TwosThrees	_ Prekindergarten
Hours you are ava	ailable (We are open	6:30a.m-6:00p.m)
Date Available for	rwork:	
Expected Comper	nsation:	
Have you ever be	en convicted of a felo	ony or misdemeanor? Y N
If yes, explain:		
Day's that you are	e able to work: Mon.	Tues. Wed. Thurs. Fri.
Full Time:	Part Time:	Substitute:
		<b>Employment Application</b>
		Education
Highest Level of E	ducation Completed	(check one only)
1	Name and Location D	oid you graduate? Major Course or Degree
High School		yes or no
College		
Graduate		
School		
Tech/Business		
School		
Other Training		
Special qualificati	ons, skills and license	es (for example: CPR or First Aid):

## **Professional Work Experience**

## (Begin with most recent)

Begin/End Date	Company Name and Address	Supervisors Name & Number	Your Position & Title	Reason fo leaving	r	
Professional References  (You must list at least 3 references. References can include previous supervisors (do not list family or friends). We must be able to contact them within 24 hours)						
Name of Reference Title/Employer Phone Number Professional Relationship & How Long						
Employment Application						
Questionnaire						
1. Have you ever been discharged? Please explain:						

2. Why do you think Chestnut Academy should hire you?

3. Define professional conduct. How does it apply to a preschool	ol program?			
4. Define customer service. How does it relate to a preschool pr	rogram?			
5. What is your educational philosophy?				
6. What do you feel qualifies you most for the position in which	you are applying for?			
7. In your opinion, what would a typical two year old classroom	look like?			
8. Describe how you would resolve a conflict between two 3 year old children arguing over a toy?				
9. What would your best friend say your strengths and weaknes	sses are?			
10. What was your attendance record at your previous job?				
I hereby affirm that I have responded to all inquiries on this form and all the information contained in my application is true and correct. I understand that any misrepresentation or falsification of any of the Chestnut Academy application forms or documents may result in possible termination. Even if the problem comes to light after hire, it can result in immediate dismissal from employment. I further consent and agree to submit to any job-related medical exam, background checks, trainings, and required paperwork required.				
Signature of Applicant D	ate			