



**The West Chester Area Day Care Center**  
 501 East Niels Street West Chester, PA. 19382  
 610-696-8447 [wcadcc@gmail.com](mailto:wcadcc@gmail.com)

## Employment Application

PLEASE PRINT AND COMPLETE ALL SECTIONS

Today's Date: \_\_\_\_\_

### Name

Full Name: \_\_\_\_\_  
Last First M.I.

### Employment Desired

Job Applying for: \_\_\_\_\_ Full time  Part time  Temporary

Start Date: \_\_\_\_\_

Times available (be very specific): \_\_\_\_\_

FYI: We are open Mon – Fri from 6:30 am to 5:30 pm

### Personal

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

If hired, can you furnish proof of eligibility?

Must provide copy of driver's license or ID card, social security card and birth certificate

YES  NO

Required to be 18 years or older to apply

YES  NO

Can you perform the essential functions of the position for which you are applying and can physically meet the requirements outlined in the job description?

YES  NO   
 YES  NO

Have you ever worked or attended school under another name?

YES  NO

If yes, give details. \_\_\_\_\_

Have you ever worked for this organization?

YES  NO

If yes, when? \_\_\_\_\_

Have you ever applied here before?

YES  NO

If yes, when? \_\_\_\_\_

Are you presently employed?

YES  NO

If yes, may we contact your current employer for a reference?

YES  NO

Have you ever been fired or asked to resign from a job?

YES  NO

Have you ever been convicted of a felony violation?

YES  NO

If yes, give details. \_\_\_\_\_

If employed by us, do you expect to be employed elsewhere?

YES  NO

If yes, give details. \_\_\_\_\_

Please circle your military status: Non-Veteran, Veteran, Active Duty, National Guard/Reserves

## Education

High School or GED  
(Mandatory): \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College or University  
Completed or college  
credits: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Do you have other skills or training that would be helpful for the job? (First Aid/CPR, CDA...) If yes, please explain.

## Employment History

Please list employers starting with the current or most recent.

**A job offer may be contingent on acceptable references from employers.**

Please explain gaps in employment.

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Name of Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Gaps in Employment: \_\_\_\_\_

### Volunteer Activities and Professional Memberships

Organization Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Years Active: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Years Active: \_\_\_\_\_

### Certification

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment. The West Chester Area Day Care Center (WCADCC) is an Equal Opportunity Employer. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_, hereby authorize WCADCC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that WCADCC could utilize an outside firm or firms to assist it in checking such information, and I specifically, authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment will not be processed further.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_