

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name			First Name		Middle Initial		Date of Application	
Address			Street		City		State Zip Code	
Phone (Home/Business/Cell)				Email				
Position applied for : _____								
How did you learn about us: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> UBCCC Website <input type="checkbox"/> UB Jobs Website <input type="checkbox"/> Other								

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- If you are not a United States citizen, do you have the legal right to work in the United States? Yes No
- Have you ever filed an application with UB Child Care Center before? Yes No If Yes, give date: _____
- Have you ever been employed with UB Child Care Center before? Yes No If Yes, give date: _____
- Are you related to any employee of UB Child Care Center? Yes No If Yes, who: _____
- Are you currently employed? Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part-Time Temporary
- Have you been convicted of a crime? Yes No

In accordance with NY OCFS law, each applicant is required to complete a criminal conviction statement upon hiring. Persons convicted of certain criminal offenses may be barred from employment in a child care center. Answering YES may not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Please list any professional licensure or certifications you may hold, including MAT, CPR/First Aid certification and expiration date:

Professional Licensure/Certification	Expiration Date

Are you still in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, where:
Expected graduation date:			
Do you speak any foreign language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify:

Please indicate your salary requirements _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer #1		<u>Dates Employed</u> From To		Work Performed:
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
May we contact former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Employer #2		<u>Dates Employed</u> From To		Work Performed:
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
May we contact former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Employer #3		<u>Dates Employed</u> From To		Work Performed:
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
May we contact former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Employer #4		<u>Dates Employed</u> From To		Work Performed:
Address				

Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor		
May we contact former supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	

If you need additional space, please continue on the reverse side

JOB REFERENCES

Please list three **professional, business, or educational references** that we can contact to verify your work experience, and work ethics.

Name	How do you know this person?	Phone number

QUESTIONNAIRE

Please complete the following sentences. There are no right or wrong answers.

1. Teachers need...

2. Children need...

3. In talking to parents, you should...

4. What does it mean to be professional?

5. Teamwork is...

APPLICANT'S STATEMENT

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that providing false or misleading information will be the basis for rejection of my application. I further understand that if I am employed, any misrepresentation of facts on this application is sufficient cause for dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Proof of citizenship or immigration status will be required upon employment.

Signature of Applicant _____ Date _____

**CONSENT AND AUTHORIZATION TO RELEASE
EMPLOYMENT/EDUCATIONAL INFORMATION**

I, _____, understand and agree that University at Buffalo Child Care Center or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporation, agent, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

Signature of Applicant _____ Date _____