



Education Information

High School Information		
What high school did/do you attend?		
Where was/is your high school located?	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Years Completed:
Undergraduate Information		
What college did/do you attend?		
Where was/is your college located?	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Years Completed:
Course of Study:	Diploma / Degree:	
Graduate Information		
What college did/do you attend?		
Where was/is your college located?	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Years Completed:
Course of Study:	Diploma / Degree:	

Describe any specialized training, apprenticeships, skills and extra-curricular activities. Include any job-related training received in the US Military.

Describe your experiences working with young children. Feel free to discuss any favorite themes or curriculum, challenges you might have handled with parent interactions or disciplinary issues.

Work Experience

You may attach your resume instead of filling out this area of the application.

Start with your current or most previous job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities, or other protected status.

Employer:	Employment Dates:
Employer's Address:	Employer's Phone Number:
Job Title:	Your Supervisor's Name:
Salary:	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave this employer?	
Job responsibilities:	

Employer:	Employment Dates:
Employer's Address:	Employer's Phone Number:
Job Title:	Your Supervisor's Name:
Salary:	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave this employer?	



Job responsibilities:

Employer:

Employment Dates:

Employer's Address:

Employer's Phone Number:

Job Title:

Your Supervisor's Name:

Salary:

May we contact your Supervisor? Yes No

Why did you leave this employer?

Job responsibilities:

Additional Comments: Include explanation of any gaps in employment. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities, or other protected status.

References

Please provide contact information for at least 2 references and sign below to give your permission for these references to release information about you to NGCC.

Name of Reference:

Your relationship to this reference (Boss, parent, etc).

Reference's Address:

Reference's Phone Number:

City, State, Zip:

Reference's Employer:

Name of Reference:

Your relationship to this reference (Boss, parent, etc).

Reference's Address:

Reference's Phone Number:

City, State, Zip:

Reference's Employer:

Name of Reference:

Your relationship to this reference (Boss, parent, etc).

Reference's Address:

Reference's Phone Number:

City, State, Zip:

Reference's Employer:

I authorize the above named references to release all information regarding my employment to Next Generation Children's Center. I also release these references from all liability.

Applicant's Signature

Date

Background Information

Maiden Name or Other Names Used:

Mother's Maiden Name:

Have you ever been convicted of a crime?

Yes No

If yes, Felony or Misdemeanor?

List date:

City/County:

State:

If yes, disposition of case:



Residency History If applicable, include any college addresses. If previous street addresses are not known, list city and state.

Your Current Address:

Street Address:			Unit #:		
City:	State:		Zip:		
Residency start date:	Month:	Year:			

Previous Address:

Street Address:			Unit #:		
City:	State:		Zip:		
Residency start date:	Month:	Year:	Residency end date:	Month:	Year:

Previous Address:

Street Address:			Unit #:		
City:	State:		Zip:		
Residency start date:	Month:	Year:	Residency end date:	Month:	Year:

Previous Address:

Street Address:			Unit #:		
City:	State:		Zip:		
Residency start date:	Month:	Year:	Residency end date:	Month:	Year:

Previous Address:

Street Address:			Unit #:		
City:	State:		Zip:		
Residency start date:	Month:	Year:	Residency end date:	Month:	Year:

Background Check and CORI Information

As part of the application process for a position in an EEC licensed and / or funded program each candidate signs a written request for a CORI investigation as part of his / her application and agrees to the periodic conduct of further CORI investigations during the course of employment with EEC or an EEC licensed and / or funded program. Your CORI request form or its electronic equivalent is submitted after the hiring authority makes a preliminary decision to hire or accept your services. Your signed CORI may be utilized by the criminal justice official, qualified mental health professional, or EEC personnel conducting themselves in conformance with these regulations.

No candidate may have unsupervised contact with children until there is a finding of "no record" or until EEC or the hiring authority has granted discretionary approval to hire the candidate in a position that includes the possibility of unsupervised contact with children in accordance with the provisions of section 14.11.

Initial to indicate that you understand and accept the above information regarding CORI reports and requests: _____

Declaration

I have answered all questions completely and accurately to the best of my ability. If employed, I realize that false information will be grounds for dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant's Signature

Date