



North Hills Early Childhood Center
11319 Highway 231/431 North
Meridianville, AL 35759
256-714-9273

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Driver's License # _____ Exp. Date _____ State _____

Email: _____

Date Available: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____ Referred By: _____

Interested in: Full Time Part Time Summer Substituting Only Hours Preferred: AM PM

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

What state were you born in? _____

Have you ever been convicted of a felony YES NO or have pending charges against you? If yes, explain: _____

Name of Church you Attend: _____

Are you a member? _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Child Care Training

List all courses, workshops and conferences related to child development and early childhood education.

Title: _____

Provider: _____

Dates: _____ Number of Hours: _____

Title: _____

Provider: _____

Dates: _____ Number of Hours: _____

Title: _____

Provider: _____

Dates: _____ Number of Hours: _____

Previous Employment

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Employer: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

- You are welcome to attach your resume -

References

Please list 3 persons not related by blood or marriage to be contacted for references. **At least 1 must be a former employer.** Please make sure all phone numbers are complete & accurate.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known: _____

Disclaimer and Signature

Upon an offer of employment, I understand that the following will be required: a clear TB test, certification in first aid & CPR, clear fingerprinting (to be arranged for by NHECC) and clearance from the State Registry on Child Abuse & Neglect. I also understand that if requested that I may need to undergo a drug screening analysis. By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____