



Employment Application

Today's Date: _____

Thank you for your interest in being part of the Dorothy's Discovery Daycare Center team!
Please complete this application and attach your resume along with your transcripts.

Contact Information

First Name _____ Last Name _____
Street Address _____ City/Zipcode _____
Phone _____ Email _____
Birthdate _____ 18 years of age or older? YES NO
Position(s) applying for _____
Salary Requirements _____/hour Hours Requirements _____/week
Available start date _____
Scheduling limitations due to classes or other arrangements _____

I have been convicted of a felony. YES NO

A YES response is not an automatic bar to employment. Other factors may be considered in a hiring decision, include the circumstances of the felony.

Education (attach your college transcripts)

High School _____ City, State _____
Did you earn a DIPLOMA or GED? _____ Year _____

College _____ City, State _____
College hours _____ Degree earned _____

College _____ City, State _____
College hours _____ Degree earned _____

College _____ City, State _____
College hours _____ Degree earned _____

Employment

Please list the last three employers, starting with the most recent (you may attach your resume)

Company Name _____ Date of employment _____
Address _____ City, State _____
Phone _____ Supervisor _____
Position and Duties _____

Salary _____/hour Reason for leaving _____



7265 Merritt Road
Ypsilanti, MI 48197
Visit us on the web at: dorothysdiscoverydaycare.com



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Employment, cont.

Company Name _____ Date of employment _____
Address _____ City, State _____
Phone _____ Supervisor _____
Position and Duties _____

Salary _____/hour Reason for leaving _____

Company Name _____ Date of employment _____
Address _____ City, State _____
Phone _____ Supervisor _____
Position and Duties _____

Salary _____/hour Reason for leaving _____

Past Early Childhood Experience

Which age group are you most comfortable with? Infants, 1yr, 2yr, 3yr, 4yr, School Age

Are you familiar with The Creative Curriculum? YES NO

Are you familiar with HighScope Curriculum? YES NO

Are you familiar with the Program Quality Assessment? YES NO

Are you familiar with our State of Michigan Licensing Rules and Regulations? YES NO

Do you speak another language? NO YES _____

Do you have any special skills that could be useful for us? _____

I affirm that the facts set forth in this application are true and complete to the best of my knowledge. I hereby authorize investigation of all information contained in this application and authorize full disclosure of my present and prior work records by any employer. I understand that employment arising out of this application is contingent upon the results of this investigation. In the event I should terminate my employment, I understand that professional standards call for giving at least two weeks' notice prior to the effective date of my resignation. I hereby release any employer from any obligation to provide me with written notifications of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer. False statements in this application may result in a refusal to hire or for my dismissal once the facts become known. I further understand that hiring is contingent upon receipt of a satisfactory medical evaluation. I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed with DDDC such employment will not result in a contract for employment and that DDDC may terminate my services at any time for any reason or no reason at all. I further recognize that if I am employed by DDDC, I will receive compensation and be subject to rules and regulations; but I agree that such compensation, rules, and regulations are subject to change with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by DDDC. I understand that my employment with DDDC requires prompt, punctual, regular, and consistent attendance. DDDC is an equal opportunity employer and complies with all applicable law prohibiting discrimination based on such factors as race, color, age, sex, national origin, religion, citizenship, and disability. Under the Americans with Disability Act, an employer has legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue hardship on the employer. There is no time limit for requesting accommodations under the Americans with Disability Act 1990, as amended. I UNDERSTAND THAT NO REPRESENTATIVE OF DDDC, OTHER THAN THE DIRECTOR(S), HAVE ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT ALTERING THE TERMINABLE ATWILL NATURE OF EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE DIRECTOR(S) OF DDDC. By signing my legal name, I certify that all information on this application is true. I also affirm that contents of the above affidavit.

Signature _____ Today's date _____

This application will only be considered current for 60 calendar days after it is received by DDDC. Should you wish to be considered for employment after the expiration of this period, you must reapply.



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