



# HERITAGE

## Child Development Center

### EMPLOYMENT APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle (Maiden)

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Driver's License Number \_\_\_\_\_ Expiration Date of Driver's License \_\_\_\_\_ (MM/DD/YYYY)

**EDUCATION/BACKGROUND** List schools attended, beginning with high school. Include tech schools and other special training.

NAME OF SCHOOL	DATES ATTENDED	DIPLOMA/DEGREE/CERTIFICATE
	High School	
	University/College	
	Vocational/Technical	
	Graduate School/Seminary	

**CHILD CARE TRAINING** List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

TITLE OF COURSE	SPONSOR	LOCATION	DATES	NUMBER OF HOURS

**PREVIOUS EMPLOYMENT/VOLUNTEER EXPERIENCE**

Please complete this section for each of your employers and/or volunteer experiences starting with your current employer and working backwards.

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time   from:   to:
Address	Position
Phone	Responsibilities
Supervisor	
<b>Reason for leaving</b>	

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time   from:   to:
Address	Position
Phone	Responsibilities
Supervisor	
<b>Reason for leaving</b>	

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time   from:   to:
Address	Position
Phone	Responsibilities
Supervisor	
<b>Reason for leaving</b>	

Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time   from: _____ to: _____
Address	Position
Phone	Responsibilities
Supervisor	
Reason for leaving	

Within the past three years, what job or volunteer responsibilities have given you the most personal satisfaction and why?

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**PERSONAL:**

Addresses in past seven years:

_____	Zip _____
_____	Zip _____
_____	Zip _____
_____	Zip _____
_____	Zip _____

Other names by which you have been known (Nicknames, maiden names, aliases):

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Marital Status:   Single   Married   Widowed   Divorced   Spouse's Name \_\_\_\_\_

**CHILDREN**

Name	Age	Gender	Grade	School

**REFERENCES** (Please include complete address, city, state, zip code)

**\* List at least three persons who are not related to you by blood, marriage, or adoption to be considered as references. At least one must be a former employer. At least one must be a person of the opposite sex.**

**FORMER EMPLOYER**

Name	Address			
City	State	Zip	Email	Phone

Name	Address			
City	State	Zip	Email	Phone

Name	Address			
City	State	Zip	Email	Phone

**CRIMINAL HISTORY BACKGROUND INFORMATION CHECKS:**

In accordance with Alabama law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with children or unsupervised access to the children shall be reviewed.

**LEGAL HISTORY**

For any “yes” answers, please attach a detailed explanation in writing.

- Y**    **N**    Are there any current criminal charges against you?
- Y**    **N**    Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer “yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection a criminal case.
- Y**    **N**    Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?
- Y**    **N**    Have you ever been reported to any organization or registry for abuse or misconduct involving children?

- Y N** Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?
- Y N** Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y N** Have you ever been reprimanded, or asked to leave or end your membership in an organization in which you were volunteering?
- Y N** Have you ever been the subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?
- Y N** Do you now or have you ever sought out or intentionally viewed child pornography?

**CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT:**

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic workers, and any other person who has contact with the children or unsupervised access to the children.

**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. I understand that if I have presented any untrue or misleading information on this application, then I may be subject to immediate dismissal.**

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**Signature**

**Date**

**Please return this form to**

**Tamira Quattlebaum, Director  
Heritage Child Development Center  
1849 Perry Hill Road  
Montgomery, Alabama 36106  
334-279-0643  
tamira@heritagecdc.net**