



Northland

EARLY  
EDUCATION  
CENTER

Shaping the Future of Children

8630 North Oak Trafficway  
Kansas City, MO 64155  
816-420-9005 phone  
816-420-9010 fax  
www.nееckids.org

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- Scott Seitter, Vice President
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- Heath Burch
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## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

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Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home telephone \_\_\_\_\_ Other telephone \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

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Position applying for: (circle one)

Assistant teacher      Lead teacher      Other: \_\_\_\_\_

Date available: \_\_\_\_\_ Hours available: \_\_\_\_\_

Are you willing to work overtime if required? \_\_\_ Yes \_\_\_ No

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

Are you interested in (check all that apply):

\_\_\_ full time      \_\_\_ part time      \_\_\_ sub

Referral Source:

\_\_\_ Advertisement      \_\_\_ Employee      \_\_\_ Relative      \_\_\_ Walk-in

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Do you have any physical condition that would prevent you from performing any work for which you are applying? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

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### EDUCATIONAL INFORMATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE	# YRS. ATTEND	GRADUATED
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No

## WORK EXPERIENCE

Provide the following for your past and current employers, assignments or volunteer activities over the past five years, start with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Employer's Name:	
Employer's Address:	
Employer's telephone #: ( )	Salary/Rate of Pay: Start: \$ _____ Final: \$ _____
Date of Employment: From                      To	
Job Title:	May we contact? __Yes __No
Immediate Supervisor & Title:	Reason for leaving:
Summary of job responsibilities:	

Employer's Name:	
Employer's Address:	
Employer's telephone #: ( )	Salary/Rate of Pay: Start: \$ _____ Final: \$ _____
Date of Employment: From                      To	
Job Title:	May we contact? __Yes __No
Immediate Supervisor & Title:	Reason form leaving:
Summary of job responsibilities:	

Employer's Name:	
Employer's Address:	
Employer's telephone #: ( )	Salary/Rate of Pay: Start: \$ _____ Final: \$ _____
Date of Employment: From                      To	
Job Title:	May we contact: __Yes __No
Immediate Supervisor & Title:	Reason for leaving:
Summary of job responsibilities:	

## SKILLS AND QUALIFICATIONS

Summarize any special training, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.


Please summarize any experience you have obtained working with children, both typical and special needs.


## REFERENCES

List three business/work references that are not related to you and are not previous supervisors.  
If not applicable, list three school or personal references that are not related to you.

Name	Title	Organization/Address	Telephone #

I certify that all facts contained in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge, whenever it is discovered.

I authorize investigation of all statements contained herein and I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis by local, state, or federal law. I understand that is the employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

In consideration of my employment I agree to comply with all rules, regulations and employment policies of the Northland Early Education Center. By signing this application form, I, the undersigned, acknowledge I have read the above, understand it, and will abide by it.

Signature of Applicant

Date

