



Brockport Child Development Center
350 New Campus Dr. Cooper Hall
Brockport, NY 14420
Phone: (585) 395-2273 ~ Fax: (585)395-2353

Applicant Information

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

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Phone: () Email: _____

Date Available: _____ Daily Availability: _____

Position Applied for: **(Substitute)** **(Full Time Teacher)**

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references that we may contact.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____ e-mail address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____ e-mail address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____ e-mail address: _____

Previous Employment

Company: _____ 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 ☐

Company: _____ 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 ☐

Company: _____ 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 ☐

Other Information

Why would you like to be hired for this position? _____

What do you feel qualifies you for this position? _____

If you are offered half-day or part-year employment, is a part-time salary sufficient to meet your financial needs? _____

Explain. _____

Are you willing to continue your education by enrolling in certain college courses, workshops or other training programs that may be recommended? _____

[illegible]

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____