

# *Creative Child Learning Center*<sup>®</sup> **AT SOUTHWOOD**

\_\_\_\_\_ The Smart Choice For Preschool \_\_\_\_\_

**SouthWood – Tallahassee:** 4390 Grove Park Drive, Tallahassee, FL 32311 ▪ **(850) 513-1121** ▪ FAX: (850) 513-1122

## **Pre-Employment Questionnaire**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Sought: \_\_\_\_\_

1. Please describe the skills you possess that prepare you for this job:

2. How has your education or practical experience prepared you to work with young children?

3. Please define professional conduct? How does it apply to a preschool setting?

4. Explain confidentiality and how it relates to a preschool program:

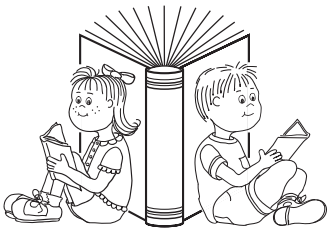
5. Describe your classroom. (As you would set it up for the age group you would like to work with.)

**SITUATIONAL SCENARIOS – HOW WOULD YOU HANDLE EACH ONE?**

A.) Two three-year-olds are arguing over who had the blue truck first. There is no hitting yet, just loud arguing. What would you do?

B.) An angry parent corners you in the hallway and starts yelling at you about her son's brand new, expensive, hand-designed jacket that has become soiled and muddy during outside play time. What would you do?

C.) You're at Chuckie Cheese with your children and you happen to find yourself in the middle of a Creative Child birthday party. The parents begin questioning you about the "the biter" in your class. What would you say?



# Creative Child Learning Center® AT SOUTHWOOD

The Smart Choice For Preschool

SouthWood – Tallahassee: 4390 Grove Park Drive, Tallahassee, FL 32311 ▪ (850) 513-1121 ▪ FAX: (850) 513-1122

## Application For Employment

### PERSONAL INFORMATION:

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First M.

Address: \_\_\_\_\_  
Street City Zip

Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

Are you 18 Years or Older?: Y \_\_\_\_\_ N \_\_\_\_\_

Are you either a US Citizen or an Alien authorized to work in the US?: Y \_\_\_\_\_ N \_\_\_\_\_

### EMPLOYMENT DESIRED:

\_\_\_\_\_ Administration \_\_\_\_\_ Lead Teacher \_\_\_\_\_ Assistant Teacher

\_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Summer

Age Group Preferred: \_\_\_\_\_ Infant \_\_\_\_\_ 1yr \_\_\_\_\_ 2yr \_\_\_\_\_ 3yr \_\_\_\_\_ 4yr \_\_\_\_\_ Elementary

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?: Y \_\_\_\_\_ N \_\_\_\_\_ May we inquire of your present employer?: Y \_\_\_\_\_ N \_\_\_\_\_

Have you ever applied to this company before?: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

### LIST APPROPRIATE EDUCATION:

\_\_\_\_\_ High School Graduate or Equivalency Name of High School \_\_\_\_\_

\_\_\_\_\_ Vocation Certificate Name of School \_\_\_\_\_

\_\_\_\_\_ College Degree \_\_\_\_\_ 2yr \_\_\_\_\_ 4yr Type of Degree \_\_\_\_\_

Name of University \_\_\_\_\_

### EDUCATIONAL IN-SERVICE COMPLETED:

\_\_\_\_\_ 20 Hr. Class \_\_\_\_\_ 10 Hr. Observation and Assessment \_\_\_\_\_ 5 Hr. Early Literacy

\_\_\_\_\_ 10 Hr. Infant/Toddler \_\_\_\_\_ 10 Hr. Preschool \_\_\_\_\_ 10 Hr. School Age

\_\_\_\_\_ 1st Aid/CPR \_\_\_\_\_ Administrator's Credential

### EQUAL OPPORTUNITY EMPLOYER

We do not discriminate against age, race, color, religion, sex, and/or national origin.

Rev. 6/11



---

**FORMER EMPLOYERS** (List below your last three employers, last one first):

---

Dates (From/To-Mo/Yr)	Company Name	Contact Name	Phone Number
-----------------------	--------------	--------------	--------------

---

Salary	Position	Reason for Leaving
--------	----------	--------------------

---

Dates (From/To-Mo/Yr)	Company Name	Contact Name	Phone Number
-----------------------	--------------	--------------	--------------

---

Salary	Position	Reason for Leaving
--------	----------	--------------------

---

Dates (From/To-Mo/Yr)	Company Name	Contact Name	Phone Number
-----------------------	--------------	--------------	--------------

---

Salary	Position	Reason for Leaving
--------	----------	--------------------

---

**Per ARTICLE I. - LICENSURE OF CHILD CARE FACILITIES, Section 7-4, a (8) - Minimum standards for child care personnel.**

Have you ever worked in a child care facility that has, during the term of your employment, (i) had its license denied, revoked, or suspended in any state or jurisdiction, Y\_\_\_\_ N\_\_\_\_ , or (ii) been the subject of disciplinary action, Y\_\_\_\_ N\_\_\_\_ , or (iii) received a fine(s), while you were employed in the child care facility, Y\_\_\_\_ N\_\_\_\_ . If yes, indicate the name of the school and additional information. I attest to the accuracy of the information requested under penalty of perjury.

---

**JOB REQUIREMENTS:**

This position requires that you be able to walk, run, sit, stand, bend, jump, and lift 30 lbs.

Do you understand these job requirements? Y\_\_\_\_\_ N\_\_\_\_\_

---

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

---

Name	Address	Phone Number
------	---------	--------------

I hereby state that the facts contained in this application are true and complete to my knowledge. I understand that if the employee information has been falsified then the employer has grounds for immediate dismissal. I authorize the employer to investigate past employment history and references. I understand that any information obtained may be used for me or against me. Any damage resulting in such information may not be held against my employer, and I release all parties from all liability.

---

Date	Signature
------	-----------

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

---

Interviewed by	Date
----------------	------

---

Position	Salary
----------	--------