

JOB APPLICATION

It Takes A Village CDC
1810 Old Trolley Rd Suite E, Summerville, South Carolina 29485
8439008267

It Takes A Village CDC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip

Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Teacher or Floater

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for

work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are

hired? _____

Do you have reliable transportation to and

from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for It Takes A Village CDC before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for It Takes A Village CDC If yes, state name & relationship:	Yes No
Are you 18 years of age or older?	Yes No
Are you a U.S. citizen or approved to work in the United States?	Yes No
What document can you provide as proof of citizenship or legal status?	
Do you have any condition which would require job accommodations? If yes, please describe accommodations required below.	Yes No
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:	Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: It Takes A Village CDC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

How many years experience do you have working in a Licensed Childcare facility?

Have you worked at a licensed facility within the last 6 months?

Do you require childcare in order to accept employment?

If we have a part-time position available prior to a full-time position being available would you be interested in that position?

AT-WILL EMPLOYMENT

The relationship between you and the It Takes A Village CDC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the It Takes A Village CDC. No representative of It Takes A Village CDC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will

employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant
Signature:

Dated: _____