

Morley Extended Day Care, Inc.
77 Bretton Rd.
West Hartford, CT 06119

MORLEY EXTENDED DAY CARE, Inc.

APPLICATION FOR EMPLOYMENT

***MEDC, Inc. is an equal opportunity employer, offering employment opportunities to all qualified applicants without regard to gender, race, religion, national origin, age, differently-abled, and/or sexual orientation.

Name: _____ today's date: _____

Home phone: _____ cell: _____ e-mail address _____

Address: _____ city: _____ state: _____ zip: _____

Date of Birth: _____

Position applying for: CIRCLE ONE: JR. GROUP LEADER (age 16-18) GROUP LEADER (over age 18)

Why are you seeking employment at MEDC? _____

Days/hours of work you are available, please CIRCLE: (not all are necessarily available currently; afternoon hours may vary; i.e. 3 – 5 p.m., 3 – 5:30 p.m.)

MONDAYS: 7 – 8:45 a.m. and/or 3 – 6 p.m. **TUESDAYS:** 7 – 8:45 a.m. and/or 3 – 6 p.m.

WEDNESDAYS: 7 – 8:45a.m. and/or 1:45 – 6 p.m. **THURSDAYS:** 7 – 8:45 a.m. and /or 3 – 6 p.m.

FRIDAYS: 7 – 8:45a.m. and/or 3 – 6 p.m.

This program operates 10 months during the school year and 8–10 weeks during the summer. Working school-year months does not guaranty employment during the summer, and vice-versa.

MEDC also operates during several school vacations and holidays. Would you be available to work during school holidays and/or vacation days? (Columbus Day, Veterans Day, etc.) Please circle

YES NO

EDUCATIONAL BACKGROUND

High School attended _____ city _____ state _____

Did you graduate? _____

College or University: _____

City: _____ State: _____ MAJOR/MINOR: _____

Highest level of education (circle):

FRESHMAN SOPHOMORE JUNIOR SENIOR COLLEGE GRADUATE MASTERS

List extra-curricular activities / interests during high school and/or college:

What are your plans for continuing your education or professional development?

What are your career/professional goals?

How will working at MEDC help you attain these goals? _____

List workshops, seminars, conferences, trainings, etc., you have attended that would make you an attractive addition to this program: (licenses, certifications, and /or memberships you hold currently):

Do you hold a CURRENT certification in CT for INFANT / CHILD CPR? YES ___ (exp. Date: _____) NO ___

Do you hold a CURRENT certification in CT CHILD CARE / CHILD FIRST AID? YES ___ (exp. Date: _____) NO ___

EMPLOYMENT HISTORY

Please list your **two most recent employers**; you may include parents of children you have cared for.

1) Current or last employer: _____ dates, from _____ to _____

Address: _____ city _____ state _____

Phone number: _____ position held: _____

Supervisor's name: _____

Areas of responsibility include: _____

Reason for leaving: _____

2) Current or last employer: _____ dates, from _____ to _____

Address: _____ city _____ state _____

Phone number: _____ position held: _____

Supervisor's name: _____

Areas of responsibility include: _____

Reason for leaving: _____

******YOUR SIGNATURE BELOW AUTHORIZES THE DIRECTOR OF MEDC, INC. TO CONTACT THESE EMPLOYERS for references /work history and further authorizes the employer/reference to speak with the MEDC Director about your work history.***

SIGNATURE: _____

PHYSICAL HEALTH STATEMENT

State licensing regulations require that we maintain the following records for staff: proof of a physical exam (done within the past twelve months); a TB test upon hire; and a 'Verification of Good Health' form signed by a physician, nurse practitioner, or physician assistant.

Have you had a complete physical examination in the last 12 months? YES (Date: _____) NO

If not, are you willing to have a physical exam to be considered for employment? YES NO

Are you willing to have a TB test to be considered for employment? YES NO

Are you able to fulfill the duties stated in the job description (with reasonable accommodation)? YES NO

PERSONAL:

Please describe experiences you've had working with/caring for children.

Describe any relevant talents, skills, hobbies, or abilities that would make you a qualified candidate for this position.

Have you ever been convicted of a crime? YES NO

If yes,
explain

PERSONAL REFERENCES

Upon hire, you will be required to submit two written references from individuals who can attest to your character, experience with children, work performance, etc. References may be provided by supervisors, teachers, coaches, counselors, or co-workers.

FAMILY MEMBERS OR FRIENDS MAY NOT BE USED AS REFERENCES.

Please list the names and phone numbers of TWO personal references who may be called by MEDC’s Director:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

******YOUR SIGNATURE BELOW AUTHORIZES THE DIRECTOR OF MEDC, INC. TO CONTACT THE PERSONAL REFERENCES LISTED ABOVE, and further authorizes the reference to speak with the MEDC Director about your character, experience with children, and work performance.***

SIGNATURE:

STATEMENT OF UNDERSTANDING

I certify that ALL information contained in this application is accurate, truthful, and complete. I understand that if MEDC, Inc. learns that any information offered by me is inaccurate or untrue, this would be grounds to revoke any intention to hire me as an employee of MEDC, Inc. (or grounds for termination if I have been hired).

I understand that any offer of employment will be contingent on the following:

- 1) References will be contacted and employment history/college study/ etc. will be verified.
- 2) No conflict resulting from mandatory state, federal, and DCF background checks (required as of September, 2000)
- 3) Prior to employment I will provide a written statement of good health from a medical professional verifying that I have had a physical exam within the last 12 months. (Employees must have a physical exam every two years.)
- 4) Upon hire, I will provide proof of a negative test for tuberculosis.

I understand that:

- 1) Employment is ‘AT WILL’ in the state of Connecticut. The employment relationship can be terminated at any time by either MEDC, Inc. or by me, for any reasonable cause.
- 2) The first three months of employment is considered an introductory period.

If hired, my performance will reflect the best of my abilities; and I will abide by the rules, regulations and policies of MEDC, Inc.

Applicant’s Signature _____ Date _____
