



GENERAL INFORMATION (PLEASE PRINT)										
RESUME ATTACHED					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Last Name:			First Name:			M.I.:		Date:		
Street Address:					Apartment/Unit #:					
City:			State:			ZIP:				
Phone:			E-mail Address:							
Date Available:					Desired Wage:					
How did you learn about First Light?			<input type="checkbox"/> Facebook <input type="checkbox"/> Wyoming-at-Work <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Workforce <input type="checkbox"/> Job Coach <input type="checkbox"/> Referral ; Who? _____ Other <input type="checkbox"/> _____							
Position Applying for: <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant <input type="checkbox"/> Facility Support <input type="checkbox"/> Floater/Sub <input type="checkbox"/> Student lab/intern/work-study										
Available to work the following shifts Monday – Friday – mark all that apply: <input type="checkbox"/> Temporary Role <input type="checkbox"/> Ongoing Role										
Full time <input type="checkbox"/> (7:30am- 4:30pm)		Morning <input type="checkbox"/> (6:30am-1:00/2:30pm)		Afternoon <input type="checkbox"/> (12:30pm/2:30pm-4:30pm)		Early Care <input type="checkbox"/> (6:30am-7:30am)		Morning Sub <input type="checkbox"/> M T W TH F		Evenings / Weekends <input type="checkbox"/>
Vacation is offered at 1-year anniversary. Are there any days that you need off within the next 6 months?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, please list dates:					
Should you be hired, you will need to complete the following at your cost: TB, drug test, background screening, and fingerprints. Do you have a problem meeting this requirement?						YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Do you have reliable transportation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please explain what your plan will be?						
STUDENT INFORMATION										
Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach schedule.										
Please list specific dates and times you are unable to work:										
Are you available on school breaks?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you available on school holidays?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
BACKGROUND INFORMATION										
How many days have you been sick and missed work/school in the past year? 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 or more <input type="checkbox"/>										
Have you ever left a job without giving at least a 2 week notice?							Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, please explain:										
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 at First Light before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you filled out an application for First Light before			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Has any relative worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?					
Dates of employment:										
Have you ever been involuntary terminated or asked to resign for any position?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please describe circumstances:										
Do you have any health restrictions or limitations?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:					
Can you bend, squat, kneel or sit for longer than 30 minutes?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Are you able to perform the essential functions of the position without accommodations?							Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If no, please explain:										



What is a dependable employee?

How do you deal with change?

How do you demonstrate integrity?

Briefly describe why you want to work at First Light and how you would be an asset.

What are your goals? Where do you see yourself in 1 to 5 years?

What special skills AND/OR pertinent information do you have to assist you with the position you are seeking?

SELF AWARE CHECKLIST:	Yes	NO
Do you consider yourself a dependable employee?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a team player?	<input type="checkbox"/>	<input type="checkbox"/>
Are you open to growth and feedback?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in earning a Child Development Associate or Early Education Degree?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to give no less than a 30-day notice?	<input type="checkbox"/>	<input type="checkbox"/>
If hired, I understand there is a 90-day training period. I will be asked to perform various duties, float in all classrooms and am willing to communicate with plenty of notice if early education is not for me.	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

*If you received your GED please circle "GED" in the High School section. If you attended more than one college/university as an undergraduate, please list the last two.

<p>*High School Name:</p> <hr/> <p>*Years Completed (Circle): 9 10 11 12 GED</p> <p>*High school involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.)</p> <hr/> <hr/> <hr/> <hr/>	<p>* College/University Name: (Last attended)</p> <hr/> <p>*Years completed (circle): 1 2 3 4</p> <p>*Year Earned Degree:</p> <hr/> <p>*Credits Earned:</p> <hr/> <p>*Degree Awarded:</p> <hr/> <p>*Major Course of Study:</p> <hr/> <p>*College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.)</p>
<p>* College/University Name: (Previously attended)</p> <hr/> <p>*Years completed (circle): 1 2 3 4</p> <p>*Year Earned Degree:</p> <hr/> <p>*Credits Earned:</p> <hr/> <p>*Degree Awarded:</p> <hr/> <p>*Major Course of Study:</p> <hr/> <p>*College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.)</p>	<p>* Graduate College/University Name:</p> <hr/> <p>*Years completed (circle): 1 2 3 4</p> <p>*Year Earned Degree:</p> <hr/> <p>*Credits Earned:</p> <hr/> <p>*Degree Awarded:</p> <hr/> <p>*Major Course of Study:</p> <hr/> <p>*College/University involvement with any extracurricular activities (i.e. Athletics, Clubs, Intramurals, Community, etc.)</p>



PREVIOUS EMPLOYMENT		
1. Employer: _____ Telephone: _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____ May we contact your current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Date Employed:</u> Mo Yr. Mo Yr. / / to / / <u>Hourly Rate/Wage:</u> Starting: Final: hr./yr. hr./yr.	<u>Work Performed</u> _____ _____ _____ _____ _____ _____ _____ _____
2. Employer: _____ Telephone: _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____ May we contact your prior supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Date Employed:</u> Mo Yr. Mo Yr. / / to / / <u>Hourly Rate/Wage:</u> Starting: Final: hr./yr. hr./yr.	<u>Work Performed</u> _____ _____ _____ _____ _____ _____ _____ _____
3. Employer: _____ Telephone: _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____ May we contact your prior supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Date Employed:</u> Mo Yr. Mo Yr. / / to / / <u>Hourly Rate/Wage:</u> Starting: Final: hr./yr. hr./yr.	<u>Work Performed</u> _____ _____ _____ _____ _____ _____ _____ _____



MILITARY SERVICE

Have you ever been a member of the United States Armed Service?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list skills you acquired that relate to the job for which you are applying:					
Branch:			From	To	
Rank at Discharge:			Type of Discharge:		
Are you currently active?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain and dates needed:		

CRIMINAL BACKGROUND

Have you ever been convicted of a misdemeanor or felony, or are you presently charged with committing a criminal offense? (Responding "yes" will not necessarily disqualify application from employment. Do not include any traffic violation, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please furnish details of conviction(s), offense(s), location(s), date(s), and sustenance(s):					
Conviction(s): _____					
Offense(s): _____					
Location(s): _____					
Date(s): _____					
Sentence(s): _____					

REFERENCES

Please list three professional references – ONLY ONE RELATIVE IS ACCEPTED AS A REFERENCE

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



EQUAL OPPORTUNITY EMPLOYER

First Light Early Education Center is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, age, sex, national origin, physical or mental disability, and any other impermissible criteria according to applicable law. No question on this application is intended to secure such information to be sued for such discrimination. This application will be given every consideration but is receipt does not imply the applicant will be employed.

PLEASE READ, INITIAL AND SIGN:

Under the federal employee polygraph protection act of 1988, an employer may not require any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this act may have court actions brought against them by the secretary of labor to restrain any such violation and assess civil money penalties up to \$10,000.

FIRST LIGHT CHILDREN'S CENTER AUTHORIZATION

_____*I hereby affirm that the facts contained in this application are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance that would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other company records may be cause for immediate dismissal.

_____*I further authorize this Company to verify any and all information herein contained. This includes the investigation of references and employers listed within to provide you with any and all information concerning my previous employment and other pertinent information.

_____*I hereby authorize and permit First Light to hereafter investigate and disclose information contained in this application and such additional information regarding my employment with First Light to any person, firm, or organization (e.g. State Police re criminal check). I also release the Company from all liability for any damage that may result from the utilization of such information.

_____*I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized company representative. I also understand if I should become employed by the Company that my employment is at-will and can be terminated by the Company or me at any time without cause and without notice.

_____*I further certify that I am in full agreement with First Light's Mission Statement and Core Values to provide a secure and loving program partnering with families to develop virtue, values and character, inspiring success in school and in life.

Disclosure Statement

CHILD ABUSE AND/OR CRIMINAL RECORDS

I acknowledge and give my permission for First Light Children's Center to conduct a records check from the Wyoming Department of Human Services, Department of Public Safety/Division of Criminal Investigation (DCI), NCIC computer system, the Sheridan Police Department and/or the Department of Motor Vehicles, the Federal Bureau of Investigation, or any other agency to determine if I have been convicted of a crime involving the mistreatment, molestation, abuse, neglect, or exploitation of a child, or ANY criminal conviction.

I also give my permission for First Light to check with the Wyoming Central Child Abuse Registry for any complaints, investigations, or information they may have on file. I further understand that this information will be used for the sole purpose of determining eligibility for my employment/internship with First Light. Any false statement on this form, or any reports of substantiated complaints or convictions for mistreatment or exploitations of a child, is grounds for denial of my employment/internship with First Light.

Printed full legal name: _____ **Signature:** _____

Date of birth: _____ **SS#:** _____ - _____ - _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Office Admin:
Receipt of Application: _____ Background Child Abuse & Neglect Mailed: _____ Interview Scheduled: _____
Pass: _____ Why: _____ Cedar's Health Scheduled: _____
TB: _____ Fingerprints: _____ UA: _____