

## **APPLICATION FOR EMPLOYMENT**

#### **GRAND VIEW CHILD DEVELOPMENT CENTER**

3342 John Wesley Drive, Dubuque, Iowa 52002 | Phone: (563) 582–1125 | Fax: (563) 582–3556 Email: grandviewpreschool@gmail.com | Web: www.grandviewdubuque.org/cdm

| Name:       | <br>Last            |                  | First             |                       |                 | <br>Iiddle   |           |
|-------------|---------------------|------------------|-------------------|-----------------------|-----------------|--------------|-----------|
|             |                     |                  | 11130             |                       | 14              | ildaic       |           |
| Address:    | Number              | Street           |                   |                       | City            | State        | Zip       |
| Phone: (    | )                   |                  | _ :               | Social Security       | /: <del>-</del> |              |           |
| Are you ov  | er the age of 18?   | Yes              | No <b>A</b>       | re you over tl        | he age of 21    | ? Yes        | No        |
| Position(s) | applied for: (Pleas | se mark all that | apply)            |                       |                 |              |           |
|             | _ 12-month positi   | on               | _                 | 9-month               | position        | Sur          | nmer only |
|             | Part Time           |                  | _                 | Full Time             |                 |              |           |
|             | Lead Teacher for    | Infants:         |                   | Birth – 9<br>16-24 mc |                 | 9-1          | 6 months  |
|             | Assistant Teache    | r for Infants:   |                   | Birth – 9<br>16-24 mc |                 | 9-1          | 6 months  |
|             | Lead Teacher for    | 2-year olds      | _                 | Assistant             | Teacher for 2   | -year olds   |           |
|             | Lead Teacher for    | Preschool        | _                 | Assistant             | Teacher for F   | reschool     |           |
|             | Lead Teacher for    | Summer Elem      | entary _          | Assistant             | Teacher for S   | iummer Eleme | entary    |
|             | Food Program M      | lanager / Cook   | _                 | Kitchen A             | Assistant       |              |           |
|             | Administrative A    | ssistant         | _                 | Assistan              | t Director      | Dire         | ector     |
| List the ho | urs you are availa  | ble for work:    | (We are ope       | en 6am – 6pm.)        | )               |              |           |
| Monday      | Tuesday             | <i>,</i> \       | <i>N</i> ednesdav |                       | Thursday        | Fric         | lav       |

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

# **EDUCATION**

| High School:  |   |  |  |  |
|---|---|--|--|--|
| Location:   | Major/Degree:   | Years completed:                                     |  |  |
| College:  |   |  |  |  |
| Location:   | Major/Degree:   | Years completed:                                     |  |  |
| Business / Vocational School:   |   |  |  |  |
| Location:   | Major/Degree:   | Years completed:                                     |  |  |
|   | BACKGROUND  |  |  |  |
| 1. Have you ever been convicted of a crime?   | NoYes *   |  |  |  |
| 2. Do you have any record of child abuse or de  | ependent adult abuse in any state? No   | Yes *  |  |  |
| 3. Do you have a communicable disease or other health concern that could pose a threat to the health, safety or well-being of children/others? No Yes * |   |  |  |  |
| * Please explain any affirmative responses.   |   |  |  |  |
| offense, and rehabilitation will be taken into a criminal record and child abuse check on   | ar employment. Factors such as age at the time of account in determining suitability for employall employees in contact with children. State of evelopment Ministry approval is necessary for | oyment. Iowa law requires of Iowa, Grand View United |  |  |
| EM  | PLOYMENT HISTORY  |  |  |  |
| Please list all work experiences for the past five<br>nannying, and child care related volunteer pos<br>information is included.                        |   |  |  |  |
| #1 Employer:  |   |  |  |  |
| Address:  |   |  |  |  |
| Number Street   | City State  | ·  |  |  |
| May we contact this employer?Yes  |   |  |  |  |
| Last supervisor name:   |   |  |  |  |
| Beginning Pay Rate / Salary:  |   |  |  |  |
| Reason for leaving, please be specific:   |   |  |  |  |

# **EMPLOYMENT HISTORY – CONTINUED**

| List the jobs you held, duties performed, skills used/leacompany: | arned, advancements, or pro | omotions while | you worked at this |
|---|-----------------------------|----------------|--------------------|
|   |                             |                |                    |
|   |                             |                |                    |
|   |                             |                |                    |
|   |                             |                |                    |
|   |                             |                |                    |
| #2 Employer:  |                             |                |                    |
| Address:  |                             |                |                    |
| Number Street   | City                        |                | '                  |
| May we contact this employer? Yes No                              | If no, why:                 |                |                    |
| Last supervisor name:   | Employment Dat              | es:            | to                 |
| Beginning Pay Rate / Salary:                                      | Ending Pay Rate /           | Salary:        |                    |
| Reason for leaving:   |                             |                |                    |
| #3 Employer:  |                             |                |                    |
| . ,   |                             |                |                    |
| Address: Number Street  | City                        | State          | Zip                |
| May we contact this employer? Yes No                              | If no, why:                 |                |                    |
| Last supervisor name:   | Employment Dat              | es:            | to                 |
| Beginning Pay Rate / Salary:                                      | Ending Pay Rate /           | Salary:        |                    |
| Reason for leaving:   |                             |                |                    |
| List the jobs you held, duties performed, skills used/leacompany: | arned, advancements, or pro | omotions while | you worked at this |
|   |                             |                |                    |
|   |                             |                |                    |
|   |                             |                |                    |

### **REFERENCES**

#### List two references other than relatives or previous employers:

| Name:       |                      |                               |                            |                  |          |
|-------------|----------------------|-------------------------------|----------------------------|------------------|----------|
| Address:    |                      |                               |                            |                  |          |
|             | Number               | Street                        | City                       | State            | Zip      |
| Phone: (    | )                    |                               |                            |                  |          |
| Name:       |                      |                               |                            |                  |          |
| Address:    |                      |                               |                            |                  |          |
|             | Number               | Street                        | City                       | State            | Zip      |
| Phone: (    | )                    |                               |                            |                  |          |
|             |                      | APPLICATI                     | ION PROCESS                |                  |          |
| Our applica | tion process will ir | nclude some or all of the fol | lowing steps:              |                  |          |
| Fill o      | out an application.  | Please include a resume, if   | you have one.              |                  |          |
| Ansv        | wer questions in w   | riting prior to interview.    |                            |                  |          |
| Inter       | rview, after review  | of application. There may b   | e a 2nd interview, if nee  | ded.             |          |
| Sper        | nd time in classroo  | ms/kitchen to gain knowle     | dge of the position(s).    |                  |          |
| Ther        | e will be questions  | s specific to each open posi  | tion, and a time for you t | o ask questions, | as well. |

| What is the most important thing you are looking for in a job?   |
|--|
|  |
| What are some of the things in past positions you feel you have done particularly well or in which you have achieved the greatest success? Why do you feel this way?   |
| What would you most like to accomplish if you had this job?  |
| Describe one or two of your most important accomplishments?  |
|  |
| Describe one or two of the biggest disappointments in your work history?   |
| Training is something we all do continually. Continuing education is required by law for all programs. This training may happen outside of normal work hours. We pay for the time for the required annual training and staff meetings.  Are you willing to do this? Yes No |

| Our kitchen positions involve physical activity that includes, but is not limited to, bending, lifting, carrying, cleaning, and standing for long periods of time. Do you have any health concerns that could limit job duties and/or require additional days off?                          |
|---|
| Yes No Comments:  |
| We are a non-smoking environment. There is no smoking in the building or on the grounds of Grand View. Children may not be exposed to any type of second hand smoke including on the clothing of staff. Do you have any questions relating to our non-smoking environment? Yes No Comments: |
| It is our goal to offer competitive wages for the child care field. Benefits include paid time off and tuition discounts. At this point we do not offer health or retirement benefits. Do you have any questions about benefits? YesNo Comments:  |
| Do you have requirements for wages, benefits, or number of vacation days?YesNo Comments:  |
| We may be open from 6am–6pm. We may be open every day (including during inclement weather conditions) except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Do you have limitations for working on any other day? YesNo Comments:      |
| We participate in the USDA administered Child and Adult Care Food Program which means we have record-keeping requirements. Are you proficient with computers? Yes No  |
| We write our own menus. Although we can provide information and training, do you believe you have the knowledge or have the interest in nutrition to do the menu planning? Yes No  Comments:  |
| Do you have any health issues or problems with a driving record that would limit your ability to drive to and shop for groceries? Yes No  |
| Comments:   |

| If you have young children do you illness? Yes No            | have care available when they are not ir<br>Not Applicable                             | school because of non-school days or  |  |  |
|--|--|---------------------------------------|--|--|
| Comments:  |  |                                       |  |  |
| If you have young children is your a Yes No Not Ap           | availability for this position dependent u<br>plicable                                 | pon Grand View providing childcare?   |  |  |
| Comments:  |  |                                       |  |  |
| knowledgeable about our church p<br>Yes No                   | orage space with other ministries of the operations of the operations are not members. | Are you willing to do this?           |  |  |
| Comments:  |  |                                       |  |  |
| If you are applying for a position w                         | ith our nutrition program, please indica   | te areas of experience:               |  |  |
| Ordering food (grocery shopp                                 | oing/working w/ food distributors)   | Menu planning                         |  |  |
| Computer programs (ProCare                                   | , Microsoft Excel, etc.)   | Kitchen experience                    |  |  |
| Preparing large quantities of                                | food   | Food Safety courses                   |  |  |
| CACFP (Food Program)   |  | Food Production Records               |  |  |
| Please list other experience or train                        | ning that you think would prove helpful  | to this position:                     |  |  |
| If you are applying for an administi<br>CACFP (Food Program) | rative position, please indicate areas of e<br>Iowa DHS Child Care Code                | experience:lowa Quality Rating System |  |  |
| ProCare  | Microsoft Word   | Microsoft Excel                       |  |  |
| A/R or Budgeting   | Experience in scheduling staff & o   | <b>5</b> , <b>5</b>                   |  |  |
| Quicken or Quickbooks  | National Administrator's Credent   | ial                                   |  |  |
| NAYCE  | Classroom experience   |                                       |  |  |
| Please list other experience or train                        | ning that you think would prove helpful  | to this position:                     |  |  |
|  |  |                                       |  |  |
|  |  |                                       |  |  |

### **APPLICATION WAIVER**

| Plea   | se read carefully. Initial to signify that you have read and understand the statements.   |  |  |  |
|--|---|--|--|--|
|  | In exchange for the consideration of my job application by Grand View United Methodist Church (hereinafter called "GVUMC"), I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice. I understand that GVUMC, as an lowa non-profit religious organization, does not provide any Unemployment Benefits. |  |  |  |
|  | I understand that I must submit to a criminal and child abuse record check, obtain and maintain all licensing an training requirements, and attend all required meetings.   |  |  |  |
|  | I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed GVUMC.                                       |  |  |  |
| Sigı   | nature of Applicant Date  |  |  |  |
| Thank you for applying for a position with Grand View! |   |  |  |  |
|  | Sincerely,  |  |  |  |

GRAND VIEW CHILD DEVELOPMENT CENTER'S ADMINISTRATIVE TEAM