



EARLY CHILDHOOD EDUCATION

Application for Employment

Thank you for applying at **OPENair Academy!** Qualified applicants should meet all requirements for the position applied for, as determined by the State of Colorado Department of Human Services Division of Child Care. Possible candidates will be contacted for an interview.

Personal Information			
Last Name	First Name	Middle	
Current Address			Telephone
City	State	ZIP	Email
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, provide date of birth:	SSN (Optional)
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position Applied For			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Days Available to Work M T W TH F	Times Available to Work
<input type="checkbox"/> Substitute	<input type="checkbox"/> Temporary		
Salary Expected		When are you looking to start a position?	

Education		
High School	City, State	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

College Attended	City, State	Dates Attended From: To:
Degree Received	Major	Minor

College Attended	City, State	Dates Attended From: To:
Degree Received	Major	Minor

List any lifesaving or other emergency medical training courses you have completed <i>(including First Aid, CPR, Medication Administration, Universal Precautions)</i>	
	Date completed:
	Date completed:
	Date completed:
	Date completed:

Certifications	
Are you Group Leader qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Infant Nursery Supervisor qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Director qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Applicant Name: _____

Employment History – include at least the past three years (attach a separate sheet if necessary)			
Company Name		From:	To:
Address		City	State ZIP
Supervisor's Name		Telephone Number	
Position	Reason for leaving		

Company Name		From:	To:
Address		City	State ZIP
Supervisor's Name		Telephone Number	
Position	Reason for leaving		

Company Name		From:	To:
Address		City	State ZIP
Supervisor's Name		Telephone Number	
Position	Reason for leaving		

Company Name		From:	To:
Address		City	State ZIP
Supervisor's Name		Telephone Number	
Position	Reason for leaving		

Company Name		From:	To:
Address		City	State ZIP
Supervisor's Name		Telephone Number	
Position	Reason for leaving		

Applicant Name: _____

Other Child Care Experience, Education or Youth Activities and Volunteer Activities

List all experiences (including volunteer) in which you worked directly with children. If you listed experience in the employment section, you do not need to list it again.

Has anyone ever suggested or alleged that you are not appropriate to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been investigated by child protective services or any comparable entity regarding your ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been convicted of any crime or had a determination related to child abuse, child neglect and/or unlawful sexual offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you ever been convicted of any crime (misdemeanor or felony) or had a determination related to child abuse, child neglect and/or unlawful sexual offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its merit with respect to time, circumstances and seriousness, and relationship to the job for which you are applying.	

Applicant Name: _____

OPENair Academy will perform reference and employment checks on all applicants. A thorough child abuse and criminal background check will be conducted for all OPENair Academy employees.

References			
Please provide at least two professional and one personal reference, who are not family members. List supervisors or those who know you in a working environment and who can comment on integrity.			
I authorize all past employers, schools, persons and organizations having relevant information or knowledge (whether favorable or unfavorable) to provide it to OPENair Academy, or its duly authorized representative, for its use in deciding whether or not to offer me employment. I specifically waive any other required written notification. I			
1	Name	Company	Title
	Relationship to Applicant	Telephone	Alternate Phone
2	Name	Company	Title
	Relationship to Applicant	Telephone	Alternate Phone
3	Name	Company	Title
	Relationship to Applicant	Telephone	Alternate Phone
4	Name	Company	Title
	Relationship to Applicant	Telephone	Alternate Phone

- This application may remain active for 90 days. After 90 days, if you are still interested in employment with OPENair Academy, you must complete a new Application for Employment.
- I understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to OPENair Academy, or its duly authorized representative(s) for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application.
- I understand that nothing contained in the Application for Employment or in the granting of an interview is intended to create an employment contract between OPENair Academy and me. If an employment relationship is established, I understand that my employment is "AT WILL" and can be terminated, with or without cause, at the option of OPENair Academy or myself.
- I will comply with all State of Colorado and OPENair Academy requirements for initial and continued certification necessary for employment, including high school diploma, college transcripts and any other items that verify information contained in this application.
- I will comply with all State of Colorado and OPENair Academy requirements for continued employment, including 20 hours of annual training.
- If an offer of employment is made to me, I understand that I will be required to take a physical examination at my expense, if the job requires.

Applicant Name: _____

- I verify that I have not made any false statements concerning my qualifications or application information.
- If granted a position with OPENair Academy, I will comply with all OPENair Academy policies and procedures.
- I do not use illegal drugs.
- I understand that it is the policy of OPENair Academy to hire competent staff members who are role models and exhibit good character and morals. Therefore, OPENair Academy does not hire anyone who uses illegal drugs. I understand that if hired, I will be subject to initial and random drug screenings.

To comply with the Immigration Reform and Control Act of 1986, if you are hired, you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire or upon your first day if your employment period will be less than three (3) days.

Any applicant who knowingly or willfully makes a false state of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-603, C.R.S and upon conviction thereof shall be punished accordingly.

Applicant Signature _____ Date _____

For Office/Personnel Use Only			
Date Application Received	Referral Source	Interview 1 Date	At least 3 references checked?
Interview 2 Date	Hire Date	Start Date	Degree Confirmed?/Date