



## Employment Application

### STATEMENT OF PRACTICE

In order to safeguard the well-being of the youth served, FELC will look into the accuracy of the data provided in the application process for all applicants before appointment to the staff can be made. This may include, but is not limited to reference of past employers, education, appropriate volunteer agencies, civic organizations, and law-enforcement agencies.

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Applicant's Name \_\_\_\_\_

Telephone: cell \_\_\_\_\_ home \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Are you at least 18 years old?     Yes     No

U.S. Citizen?     Visa Type, if not a U.S. Citizen \_\_\_\_\_

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Work desired:     Paid full-time     Paid part-time     Volunteer

Requested salary range \_\_\_\_\_

Days and hours available: \_\_\_\_\_  
\_\_\_\_\_

Date available to start \_\_\_\_\_

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Please share some reasons you desire to work with children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Share your immediate and long term goals if employed by FELC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

School	Name and Location	Major	From/To	Graduated?
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Other	_____	_____	_____	_____
Professional societies, associations, awards, or publications _____				

Can you perform the duties of the job in which you wish to be employed with or without accommodations?    \_\_\_ Yes    \_\_\_ No

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_    If yes, describe in full \_\_\_\_\_

Do you have a valid driver's license?    Yes \_\_\_    No \_\_\_

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**WORK EXPERIENCE** (Past 10 Years)

Show present or last employer first and work back. Do not detail duties and responsibilities if described in an attached resume.

(1) Company name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Your title \_\_\_\_\_  
Date started \_\_\_\_\_ Date left \_\_\_\_\_ Ending salary \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ May we contact the employer? \_\_\_\_\_  
Description of duties and responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(2) Company name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Your title \_\_\_\_\_  
Date started \_\_\_\_\_ Date left \_\_\_\_\_ Ending salary \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ May we contact the employer? \_\_\_\_\_  
Description of duties and responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**VOLUNTEER EXPERIENCE** (Past 10 years)

(1) Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ How long there? \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ How long there? \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, I verify that the information given is accurate and true to the best of my knowledge. I also authorize FELC to do any necessary background checks for employment at FELC. In the event of my employment with FELC, I agree to comply with the rules and regulations governing licensing and employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Freedom Early Learning Center  
2616 Port Sheldon  
Jenison, MI 49428  
616-669-3343