

Dept:	
Hire Date:	
Position/Title:	
Classroom:	
Hours:	

## **Application for Employment**

JRC Learning Center 2213 14<sup>th</sup> Street NE Canton, Ohio 44705-1925 PH: 330.452.8376

FX: 330.452.1137

P	lease	Print

Position(s) applied fo	sition(s) applied for Today's Date:		Today's Date: _		
Name as	·			: July 5 Julo: _	
Address:					
0'4	01-1-		Phone Number	er:	
City	State	Zip			
Best time to call:	Ema	ail address:			
How did you become	aware of this ope	ening?			
Date you can start wo	ork:	Salary	Desired: \$		
Do you know anyone	employed at JRC	? If so, please	state name:		_
Have you previously	applied for a posi	tion at JRC? Y	es When:	No	
Are you employed no		ve inquire with v	your present emplo	over?	
	•				
Please list any specia	al study or researd	ch work related	to the posted posi	ition:	
In case of emergency	, please notify:				
Name:			Relationship: _		
Address:					
				er:	
City	State	Zip		···	
Have you ever been o	convicted of a fala	ny2 Voc	No. If You	nlosso ovnlain:	
nave you ever been o	convicted of a felo	ліу: теs	ino ii tes,	piedse expidin:	

JRC is an equal opportunity employer and does not discriminate against applicants for employees on the basis of sex, sexual orientation, marital status, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the agency does not discriminate against qualified individuals with disabilities

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Education	Name & Location of School	Years Attended	Graduated Yes or No	Major Courses of Study
High School or Vocational School				
College				
College				
Trade, Business or Correspondence School				

EARLIER ELIRI	0\/EDQ !! (			4 4 44	
FORMER EMPL	.OYERS- List	below the I	ast four emplove	ers. starting with	ı most recent

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Date - Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving

REFERENCES: List below the names of three persons you have known for at least one year and <u>are not</u> related to you. Please give at least two professional references.

Name	Address	Business	Phone Number	Years Acquainted

I understand that falsification, misrepresentation or omission or requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

Signature	Date
3	
By typing your name above, you agree that this is valid as your signature	

## ADDITIONAL PERSONAL INFORMATION

Briefly describe why you	u want to work with children.
List experiences working	g with children. Please include ages and any disabilities:
List projects or activities or otherwise been involv	for/with children which you have initiated, researched, supervised red:
Describe how you would	d move ten children from an activity to lunch.
	child's development* and list three activities related to it.  "Small muscle" "Large muscle" "Cognitive" "Social" "Emotional"
Example: "Cognitive"	<ol> <li>Sorting blocks by color</li> <li>Identifying pictures of life on a farm</li> <li>Adding two blocks and three blocks</li> </ol>
<u>Area #1:</u>	1.
	2
	3
Area #2:	1.
ruou m2.	2
	3.

Describe the steps and resources you would use to plan an activity or lesson plan:				
Describe how you would manage behavioral situ spitting, a child who bites other children or a child	ations such as a child who is hitting or d who runs out of the classroom.			
What are your long term career goals? Please do	escribe.			
Signature	Date			

By typing your name above, you agree that this is valid as your signature

## **APPLICANT RELEASE FORM**

"An Equal Opportunity Employer"



	Kids. Seniors. Community.
I, presently residing at	
have applied for the position of	
with JRC Learning Center.	
CERTIFICATE AND AUTHORIZATION- Please read thoughtfully	
I, certify that all facts	
contained in the application are true and complete and acknowledge that the	
company is relying on the accuracy of the information provided. I authorize the	
company to verify the accuracy of the information provided herein, and I	
authorize former employers, educational institutions and credit agencies to	
release information concerning me to the company. I also authorize the	
company to give references and provide information about me in response to	
inquiries subsequent to my employment, if hired.	
In compliance with federal law, all persons hired will be required to verify	
identity and eligibility to work in the United States and to complete the require	d
employment eligibility verification document form upon hire.	
Also, in compliance with Job & Family Services Child Care Licensing Rules, I am	
verifying that I am at least (18) eighteen years of age and have completed a high	h
school education or equivalency, such as the Ohio general educational	
development high school equivalence diploma (GED).	JRC Learning Center
	2213-14 <sup>th</sup> Street NE Canton, Ohio 44705-1925
Applicant Name (please print):	phone: 330.452.8376
Applicant Signature:	fax: 330.452.1137 www.JRCcares.org
Date: Witnessed by:	United ACCREDITED CHARITY BBBs. Stoney

United Way of Greater Stark County