



Application for Employment

Thank you for your interest in, and application for, employment with TCDN. We are an equal opportunity employer and all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law.

GENERAL INFORMATION: (Please print legibly, in blue or black ink)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: (Street, P.O. Box, Apt. #) _____ CITY, TOWN, _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: () - _____ ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) YES NO

EMAIL : _____ HAVE YOU RESIDED OUTSIDE OF THE STATE OF PENNSYLVANIA AT ANYTIME WITHIN THE LAST 5 YEARS (check) YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, WHAT ANDWHERE? _____

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific) _____ I AM AVAILABLE TO WORK (Check All Applicable)

FULL TIME PART TIME TEMPORARY MORNINGS AFTERNOONS EVENINGS

DATE AVAILABLE: _____ EXPECTED COMPENSATION: _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGH SCHOOL: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO

1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

COLLEGE: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO

1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

ADVANCED DEGREE: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO

1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

OTHER EDUCATION/CERTIFICATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ DATE OF COMPLETION: _____ DID YOU GRADUATE? YES NO

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

EMPLOYMENT HISTORY: (List Most Recent First, Include Any Military Service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____ MAY WE CONTACT: YES NO

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____ MAY WE CONTACT: YES NO

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

HAVE YOU EVER WORKED FOR TCDN IN THE PAST? YES NO IF SO, WHEN: _____
DO YOU HAVE ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY TCDN: YES NO IF SO, IN WHICH PROGRAM? _____

REFERENCES: (List 3 Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

	ADDRESS	PHONE	YEARS ACQUAINTED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Trinity Cooperative Day Nursery (TCDN) and/or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of TCDN. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a criminal record checks, child abuse record check, physical examination and/ or drug screening.

I understand that if hired, I'm entering into a co-employment relationship whereas TCDN is my employer.

SIGNATURE OF APPLICANT: _____ DATE: _____

