

Application Questions

Name: _____

Date of Birth: _____

1. Who should we contact in case of emergency? _____
Name/Phone number
2. Are you willing to continue your education by enrolling in courses/trainings required by the state of Wisconsin? Yes No, Please explain.
3. Are there any physical or mental limitations on the type of work you can do with children at the center, or that would affect the amount of time you can spend at work? Yes No
If yes, please explain.
Date of Last physical exam: _____
4. Do you have a driver's license and/or transportation to and from work each day? Yes No
5. Why do you want to work in childcare/early childhood education?
6. What is your philosophy of early childhood education?
7. If hired, what kind of commitment can you give to our school?
8. What are your short term goals (1-5 years)?
9. What are your long term goals (5-10 years)?
10. List your five best qualities.
11. List five qualities you may need to improve on.

12. What age group do you prefer to work with?

13. What age group do you prefer NOT to work with? Please explain.

14. Describe a positive experience with children; tell what happened and what you did to make it positive.

15. Describe a challenging experience with children. Tell what you did and what the outcome was. Tell if you think you could have handled it differently and if you could deal with the experience again.

16. Please feel free to add any additional comments.

General Information – PLEASE READ

In compliance, with the State of Wisconsin requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- A. Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse or child molesting.
 - B. Used alcohol or drugs such that its effects are apparent during work hours that children are in care.
 - C. Been convicted for or admitted to any felony or any offense involving moral turpitude.
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1. I am aware that a background check will be performed.
 2. I authorize PPRS to investigate all statements contained in this application. I authorize PPRS to contact my references and former employers to discuss information contained in this application and if applicable my interview.
 3. I understand that any misrepresentation or omission of facts is cause for termination of employment.

Signature

Date