

**DISCOVERY / PHILIPSBURG CHILD DEVELOPMENT CENTERS EMPLOYMENT APPLICATION  
CHILD DEVELOPMENT AND FAMILY COUNCIL OF CENTRE COUNTY, INC.**

2565 Park Center Blvd., Suite 100  
State College, PA 16801

An open and equitable personnel system will be established and maintained. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sexual orientation, or sex.

**Permanent Address**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Local Address**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Position Desired:

(Place an X for desired position) <b>Full-Time Position – Monday -Friday</b>				
	Discovery	or		Philipsburg
	Hours available between: 7:00 am - 6:00 pm			Hours available between: 6:00 am – 6:00 pm

(Place an X for desired position) <b>Part-Time Position – Monday -Friday</b>				
	Discovery	or		Philipsburg
	Hours available between: 7:00 am - 6:00 pm			Hours available between: 6:00 am – 6:00 pm

<b>Days Available</b>									
	Monday		Tuesday		Wednesday		Thursday		Friday

<b>Transportation Available</b>	
	Yes
	No

DATE AVAILABLE TO START WORK

## Prior work experience

EMPLOYER NAME:	<b>GENERAL JOB RESPONSIBILITIES</b>		
ADDRESS:			
TELEPHONE NUMBER:			
POSITION HELD:			LENGTH OF EMPLOYMENT:
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER: (Place an X beside the correct answer)      Yes    or    No			

EMPLOYER NAME:	<b>GENERAL JOB RESPONSIBILITIES</b>		
ADDRESS:			
TELEPHONE NUMBER:			
POSITION HELD:			LENGTH OF EMPLOYMENT:
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER: (Place an X beside the correct answer)      Yes    or    No			

EMPLOYER NAME:	<b>GENERAL JOB RESPONSIBILITIES</b>		
ADDRESS:			
TELEPHONE NUMBER:			
POSITION HELD:			LENGTH OF EMPLOYMENT:
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER: (Place an X beside the correct answer)      Yes    or    No			

Please list any additional Educational/Specialized Training you have received related to the job for which you are applying:

---



---



---

Please answer the following questions with yes or no:

1. Are you at least 18 years of age? \_\_\_\_\_ Can you provide proof of your age if required? \_\_\_\_\_
2. Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.? \_\_\_\_\_  
(Proof of citizenship or immigration status will be required upon employment)
3. Have you ever been convicted of or have an indicated report of any crime against a child? \_\_\_\_\_
4. Have you ever been convicted of any crime or have pending criminal actions against you? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Background clearances will be required for employment.

**PERSONAL/PROFESSIONAL REFERENCES: Do not include family members.**

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

**Educational History**

Place an X for all that apply.	
	High School Diploma
	Professional Certificate Please describe:
	Associate Degree Major:
	BS/BA Degree Major:
	MS/MA Degree Major:
	6 Early Childhood Education (ECE) /El. Ed. credits
	15 credits in ECE/El. Ed. or related field
	30 credits in ECE/El. Ed. Or related field
	30 credits (El. Ed., HDFS, or related fields) including 12 Early Childhood Education/ El. Ed Credits
	1,250 hours of childcare/babysitting experience after you reached the age of sixteen
	2,500 hours of childcare/babysitting experience after you reached the age of sixteen

**APPLICANT'S STATEMENT:**

**I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.**

Typing my name in the space labeled "Signature" constitutes my electronic signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in being employed with Child Development and Family Council of Centre County, Inc. Upon review of completed applications a representative of the Child Development and Family Council of Centre County, Inc., will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_