

CHILD DEVELOPMENT & EDUCATION, LLC

Application for Employment

General Information:

Full Name (First, Middle Initial, Last): _____

Street Address: _____ Apt #: _____

City: _____ Zip/Postal Code: _____

Home Phone: _(____)_____ Cell Phone: _(____)_____ Text Y N

E-mail Address*: _____ Date of Birth: _____

Social Security Number: _____

*Please be sure to check this at least once a month to receive important notices from CDE.

How did you hear about CDE?

Friend Who? _____ (Full name if CDE employee)

Flyer Where? _____

Website Which one? _____

Newspaper Which one? _____

Other Please specify: _____

Are you fluent in any languages other than English? No Yes, which? _____

Have you ever been employed with CDE? No Yes, when? _____

Position desired (select all that apply)*: Respite/Habilitation Provider

Communication Service Provider Relief (On Call—please complete below):

Hours available

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Location(s) desired: Coolidge Florence Queen Creek Apache Junction Casa Grande Other: _____ (we do have positions available anywhere in Pinal County and Ajo)

*For descriptions of job positions, please view Jobs @ www.topcde.com.

You may email your completed application as an attachment to info@topcde.com
 If you choose to do this, please **highlight** or **bold** check boxes () to indicate selection.
 Also, please delete any extra line space when you type.

Requirements

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal US citizen or legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you obtain three letters of recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, are you able to pass fingerprint clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to any of the above questions, please submit application and call Lina @ 520-723-5024.

Education/Background

Name of institute:	Number of years/credits completed	Major	Degree	Graduated Yes/No
High School				
College (Undergraduate)				
College (Graduate)				
Other				

Certifications:

Are you CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration date: _____
Are you 1st Aid certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration date: _____
Please list any other certifications you have: _____ _____

Past Experience:

What experience do you have working with, caring for, or teaching children?

What experience do you have working with individuals with disabilities?

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Do you have special training relating to children with developmental disabilities (including relevant coursework toward a college degree)?

Why do you want to work with children with developmental disabilities at this time?

Please explain your degree of familiarity and expertise with behavior intervention (i.e. applied behavior analysis, Lovaas, discrete trial, etc.)

Employment History: Please list all of your employers, beginning with the most recent.

Employer: _____ Type of business: _____

Address: _____

Phone number: _____ Last position held: _____

Dates employed: __/__/__ to __/__/__ Supervisor: _____ May we contact? Y/N

Job duties: _____

Reason for leaving: _____

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Employer: _____	Type of business: _____
Address: _____	
Phone number: _____	Last position held: _____
Dates employed: __/__/__ to __/__/__	Supervisor: _____ May we contact? Y/N
Job duties: _____	
Reason for leaving: _____	
Employer: _____	Type of business: _____
Address: _____	
Phone number: _____	Last position held: _____
Dates employed: __/__/__ to __/__/__	Supervisor: _____ May we contact? Y/N
Job duties: _____	
Reason for leaving: _____	

By submitting this form, I understand that this application and all other documents that will go into my file will become property of CDE, L.L.C. and will not be returned or copied for my records. I also understand that CDE is an at-will employer and may choose not to hire me and may also choose to terminate my employment at any time for any lawful reason. I hereby certify that all information in this application and any documents that I submit are true, correct, and complete to the best of my knowledge. I am aware that should an investigation take place and my documents are determined to be falsified or misrepresented, my application will be rejected (or if determined after being hired, my employment will be terminated) and I will not be able to pursue employment with CDE at any future time.

Signature: _____ Date: _____

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