



Application for Employment or Volunteer Services Licensed or Certified Early Learning/Child Care Program

1. Applicant Name & pronouns					
2. Position for which you are applying				3. Date	
4. Email		5. Are you 14 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Cellphone Number	
8. Your Home Address				7. Home Phone Number	
9. Days and hours you are willing to work				10. Expected Pay	
11. Do you have documentation of:					
Prevention of exposure to blood and body fluids training?				YES	NO
Tuberculosis test or treatment within the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
Current first aid training?				<input type="checkbox"/>	<input type="checkbox"/>
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>
Current Infant Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>
Washington Food Worker card?				<input type="checkbox"/>	<input type="checkbox"/>
12. Education:					
High school graduate or General Education Development (GED) test passed?				YES	NO
Early childhood education course work in high school?				<input type="checkbox"/>	<input type="checkbox"/>
Post high school training (college, business school, military, etc.)?				<input type="checkbox"/>	<input type="checkbox"/>
Name and Location of Education		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date
13. Conferences/workshops you have attended related to job duties:					
Title of Conference/Workshop			Clock Hours	Trainer or Sponsor	
14. Training and Special Skills					
15. Courses in Early Education					

16. Employment history (start with current or most recent employer, include volunteer experience):			
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week
Reason for Leaving			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :	
Address	City	State	Zip code
Duties/Responsibilities			Total time employed
			Hour Per Week
Reason for Leaving			Supervisor's Name
<i>If more space is needed to write your employment history, attach another sheet of paper or your resume.</i>			
17. May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
18. References (please provide at least 2 professional references)			
Name	Email Address	Telephone Number	
Your Signature			Date

Please provide a brief answer to each of the following questions.

1. Why are you interested in working at Fremont Community School?
2. Describe your experience working with children, specifically any Waldorf experience.
3. What do you appreciate most about Waldorf Education?
4. What are three words that co-workers would use to describe you?

Signature

APPLICANT: Please read the following carefully before signing this application.

- I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I understand that Washington State is an "at-will" state. I accept employment voluntarily and I am free to resign at any time. Similarly, Fremont Community School (FCS) is free at any time to conclude any employment relationship. Employment at FCS is considered at-will employment: employees can be terminated for any reason, with or without cause.
- Unless otherwise noted above, I authorize this Agency and its representatives to contact my prior employers, former supervisors and Agency personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Agency any job-related information, personal or otherwise, they may have regarding me and I release this Agency and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Agency, which will be used to determine if I am qualified to perform the job duties for which I am applying.

By signing below, I acknowledge that I have read, understand, and agree with the above statements

Date

(Signature of Applicant)

EEOC DISCLAIMER

Fremont Community School (FCS) does not and will not discriminate on the basis of race, color, religion (creed), gender, gender expression, sexual orientation, age, national or ethnic origin, disability, marital status, or military status in any of its activities or operations. These activities include, but are not limited to, the administration of its hiring and firing of staff, selection of volunteers and vendors, and provision of services. FCS is committed to providing an inclusive and welcoming environment for all members of our community, staff, families, volunteers, subcontractors, and vendors.

Fremont Community School is an equal opportunity employer. FCS will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, religion (creed), gender, gender expression, sexual orientation, age, national or ethnic origin, disability, marital status, or military status in any of its activities or operations.