

125 North 8th Street, Philadelphia, PA 19106 • phone (215) 931-0190 • fax (215) 413-2102 • <u>info@childrensvillagephila.org</u>

	Application for I	Employment and	l Volunteering at	Children's Villa	age		
PLEASE PRINT. Illegible or incomplete app	plications will not be accepted.						
Date of Application							
Full Legal Name						(	)
First		Middle		Last		Nickname	
I am applying for the position of:							
Type of position desired ( <i>check all that app</i>	oly) □ FULL-TIME	□ PART-TIME	□ SUBSTITUTE	TEACHER ON AN 'AS N	IEEDED' BASIS	■ VOLUNTEER	
Have you applied for a position at Children			= : :	eer?			
( ) No. I have never submitted my resun		= -					
( ) Yes. I have never worked at Children	- · · · · · · · · · · · · · · · · · · ·	<del>-</del>				·	
( ) Yes. I am a former Children's Village				<b>-</b> :			
( ) Yes. I have volunteered at Children's	<del>-</del>						
( ) Yes. I did my teaching practicum at C	hildren's Village. I worked with:		·				
( ) Yes. I am a current employee. (Pleas	e include a letter from your supervisor	endorsing you for the po	sition for which you are app	plying.)			
Phone number(s) where you may be reach	ed:		Email address where you	may be contacted:			
Are you at least 16 years of age?	o Yes o No		Are you at least 18 years of	of age?	o Yes o No		
Were you referred by anyone?	o Yes o No		If yes, please write the na	ame of that person:			
Desired Salary (Please select one):	( ) I am seeking a position in which	I can earn hetween \$	/hour and \$	/hour or \$	annıı	ally	
	= :			γ 110 αι , σι , φ <u> </u>		uny.	
( ) I don't have a specific salary in mind. Please let me know what you have available.  Children's Village is open from 6:30 AM – 6:00 PM, Monday through Friday. Work shifts for many positions can begin as early as 6:15 AM and end as late as 6:15 PM. Please tell us if you have any restrictions on the							tions on the
times you are available to work.		K shirts for many position	s can begin as cany as ons	7 III and end as late as	0.13 1 1111 1 10030 1011 1	is in you have any result	
( ) I am available to work any shift, any weekday.							
( ) I am available to begin working immediately if I am offered a position.							
( ) I would not be available to start working	· ·						
( ) I am <i>only available</i> to work these days	=	on Tues Wed	Thur Fri				
( ) I can report no earlier than:		Tues Wed	Thur Fri				
( ) I can stay no later than:		Tues Wed	Thur Fri				
Are you legally eligible to work in the Unite	ed States? o Yes	o No					

EDUCATION BACK	GROUND					
DEGREE OR DIPLOMA Full name of academic degree as it appears on the diploma or transcript.	MAJOR COURSE OF STUDY	SCHOOL NAME AND LOCATION	GRADE POINT AVERAGE	GRADUATION DATE	I am still in school, and plan on graduating at this future date.	I did not graduate, but stopped attending on this date.
		Name				
		Street Address				
		City, State				
		Name				
		Street Address				
		City, State				
		Name				
		Street Address				
		City, State				
		Name				
		Street Address	-			
		City, State				
		Name				
		Street Address				
		City, State				

## CERTIFICATION(S)

List any teaching certifications you have earned.

If you are certified, please supply your PPID number so we may verify your certification status online.

## TEACHING PRACTICUM EXPERIENCE

66110.01			AGE (	GROUP			TOTAL	
SCHOOL NAME AND LOCATION	NAME OF COOPERATING TEACHER	Infant (0 – 12 mos.)	Toddler (13 – 36 mos.)	Preschool (3 – 5 yrs.)	School-Age (indicate grade range)	START DATE	END DATE	PRACTICUM HOURS
Name								
Street Address								
City, State								
Name								
Street Address								
City, State								

EMPLOYMENT HISTORY									
MODEDI ACE			GROUP		STAR	T DATE	END	DATE	Average
WORKPLACE NAME AND LOCATION	Infant (0 – 12 mos.)	Toddler (13 – 36 mos.)	Preschool (3 – 5 yrs.)	School-Age (indicate grade range)	Month	Year	Month	Year	Hours Worked Pe Week
Name									
Street Address	SUPERVISOR'	S NAME		I		<u> </u>	l	<u> </u>	
City, State	May we conta	ct this supervisc	or?						
Phone	If so, what is t	his supervisor's	contact informa	ation (phone or em	nail)?				
Job Title	I								
Describe your job responsibilities and the skills you developed the organization.)	in this position. If you	ir position chang	ged during youi	r employment, des	cribe how (such	as new role or re	esponsibilities, nev	v Job descriptio	n, or changes in
What was your reason for leaving?									
MODERLACE		AGE	GROUP		STAR	T DATE	END [	DATE	Average
WORKPLACE NAME AND LOCATION	Infant (0 – 12 mos.)	Toddler (13 – 36	GROUP  Preschool (3 – 5 yrs.)	School-Age (indicate	STAR Month	Γ DATE Year	END (	DATE Year	Average Hours Worke Per Week
NAME AND LOCATION		Toddler	Preschool	_					Hours Worke
NAME AND LOCATION	(0 – 12	Toddler (13 – 36 mos.)	Preschool	(indicate					Hours Worke
NAME AND LOCATION  Name  Street Address	(0 – 12 mos.) SUPERVISOR'	Toddler (13 – 36 mos.)	Preschool (3 – 5 yrs.)	(indicate					Hours Worke
NAME AND LOCATION  Name  Street Address  City, State	(0 – 12 mos.)  SUPERVISOR'  May we conta	Toddler (13 – 36 mos.)  5 NAME	Preschool (3 – 5 yrs.)	(indicate	Month				Hours Worke
NAME AND LOCATION  Name  Street Address  City, State  Phone	(0 – 12 mos.)  SUPERVISOR'  May we conta	Toddler (13 – 36 mos.)  5 NAME	Preschool (3 – 5 yrs.)	(indicate grade range)	Month				Hours Worke
NAME AND LOCATION  Name  Street Address  City, State  Phone  Job Title  Describe your job responsibilities and the skills you developed	(0 – 12 mos.)  SUPERVISOR'  May we conta	Toddler (13 – 36 mos.)  S NAME  act this supervisor's this supervisor's the supervisor's th	Preschool (3 – 5 yrs.)  or?  contact informa	(indicate grade range) ation (phone or em	Month nail)?	Year	Month	Year	Hours Worke Per Week
	(0 – 12 mos.)  SUPERVISOR'  May we conta	Toddler (13 – 36 mos.)  S NAME  act this supervisor's this supervisor's the supervisor's th	Preschool (3 – 5 yrs.)  or?  contact informa	(indicate grade range) ation (phone or em	Month nail)?	Year	Month	Year	Hours V Per V

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Job Title

Describe your job responsibilities and the skills you developed in this position. If your position changed during your employment, describe how (such as new role or responsibilities, new job description, or changes in the organization.)

What was your reason for leaving?

Ist at least three supervisors, directors, administrators, principals, or other individuals who have firsthand incoviledge of your professional abilities, work habits and any other qualifications for the poston.  NAME  ITILE  BAPICYIR  PHONE NUMBER  F-MAIL ADDRESS  Name  Street Address  City, State  Name  No  No  No  No  No  No  No  No  No  N	REFERENCES CHILDR	ien's village will	CONTACT		
Street Address City, State Name Street Address City, State PROFESSIONAL DISCIPLINARY ACTION HISTORY save you ever been fired, dismissed, or non-renewed from any job for any reason? No Yes (please explain)  No Yes (please explain)  Have you ever quit a job after being notified that you would be fired, dismissed, or non-renewed. or after being notified that you would be recommended for firing, dismissal, or non-renewal? No Yes (please explain)  No Yes (please explain)  No Yes (please explain)  No Yes (please explain)  DTHER PROFESSIONAL QUALIFICATIONS OR EXPERIENCE Describe your professional development activities and any volunteer work you have performed that relate to the position for which you are applying. List any other activities, interests, or skills of yours that contril to your qualifications for the role. Include any awards, special commendations, or recognitions that you have received	List at least three supervisors, dire	ectors, administrators, principals,	or other individuals who have firsthand knowledge of your profes	sional abilities, work habits, and any other quali	fications for the position.
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## **CLEARANCES**

All Children's Village employees and volunteers must provide, as required by Pennsylvania law, the following clearances:

- National Sex Offender Registry Verification (NSOR note: this is a FREE clearance)
- Pennsylvania State Police (PSP) Criminal History Clearance
- FBI Clearance
- Pennsylvania Child Abuse History Clearance

Additionally, employees and volunteers who have resided outside of Pennsylvania within the previous (5) years must obtain the following clearances from the state(s) in which they resided:

- State Criminal History Check
- State Sex Offender Registry Check
- State Child Abuse and Neglect Registry Check

RESIDENCY WITHIN THE PAST FIVE YE	ARS		
Current Home Address:			
Street Address:	City:	State:	Zip:
All Other Home Addresses Within the Past Five Years:			
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
STATEMENT OF TRUTH			
I certify that all of the statements made by me in this application	n for employment or volunteering are true, complete, a	nd correct to the best of my knowledge and belie	f, and are made in good faith. I understand that
misrepresentation of information shall be sufficient cause for re	jecting my application, withdrawing of any offer of emp	ployment, or termination of my employment.	
Application Signature:			
Date of Application:			
An open and equitable personnel system has been established	and will be maintained. Personnel policies, procedures	, and practices are designed to prohibit discrimina	tion on the basis of race, color, religious creed,
disability, ancestry, national origin, age, gender, sex, or sexual c		d for applicants with disabilities and reasonable ac	commodations shall be made to meet the
physical or mental limitations of qualified applicants or employe	ees.		
BB / LG / ZC / MG			
November 2019			