

CHILDREN'S AFTER SCHOOL PROGRAMS, INC.

127 Forest Avenue

Hudson, MA 01749

(978) 568-8884

www.hudsonchaps.com

APPLICATION FOR EMPLOYMENT

Name _____ Home Phone (____) _____

Cell (____) _____ Email _____

Address _____ Town / Zip _____

Social Security # _____ Date of Application _____

Please Print

Circle Yes or No when applicable

Are you 16 years of age Yes No if no, when will you be 16? _____

Have you ever applied here before, if so when Yes No

Have you ever been employed here before, if so when Yes No

Are you prevented from lawfully becoming employed in this country? Yes No

On what date would you be available to begin working? _____

Are you available to work: School Vacation Days Yes No
Summer Yes No

Can you travel if the job requires it? Yes No

Do you have a driver's license? Yes No

Have you been convicted of a felony in the last seven years, if so, please explain

POSITION DESIRED

____ Full Time

____ Part Time

Number in order of preference if interested in more than one age group

____ Full Day Early Education (ages 3 mos-Kindergarten)

____ Part Day Preschool (ages 2-5)

____ School Age (Grades K - 7)

EDUCATION

School	Name and Location of School	Years Attended From - To	Date of Graduation	Diploma or Degree
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High _____

College _____

Other
(specify) _____

Major _____ Minor _____

What are your educational and/or professional goals? _____

Certifications (EEC, CPR, First Aid, other) _____

Vocational Workshops, Training, Conferences _____

What are your hobbies, interests, special skills that would be helpful to you in working with children? _____

Are you bilingual, if so, please list other languages spoken Yes _____ No

List any community, extracurricular, or professional organizations that you are associated with _____

List any honors or special acknowledgments you have been nominated for or received and when _____

Briefly describe your reasons for applying for this job and what best qualifies you for this job _____

List all present and past employers starting with your most recent

Name and Address Of Employer	From - To (Mo. + Yr.)	Position and Supervisor	Description of Job in Detail	Reason for Leaving
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Are you employed now? Yes No May we contact the above employers? Yes No

References:

*Please include at least one professional or academic reference
Do not list persons related to you or former employers*

<u>Name</u>	<u>Contact Information</u>	<u>Relationship</u>
1. _____		
2. _____		
3. _____		

Agreement

I, the undersigned applicant, hereby grant the Town of Hudson, CHAPS, permission to contact the above references.

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am to abide by all rules, regulations, and policies followed by CHAPS.

Signature of Applicant

Date
