



ENERGY CAPITAL  
COOPERATIVE  
CHILD CARE

## APPLICATION FOR EMPLOYMENT

### EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of Energy Capital Cooperative Child Care.

PLEASE PRINT

**Position(s) applied for:**

**Date of application:**

**Name (last, first):**

**Address (city, street, state, zip):**

**Phone:**

**Email:**

**If necessary, the best time to call you is:**

am/pm

**May we contact you at work?**

Yes  No

**If yes, work number and best time to call:**

Phone:

Time:

am/pm

**Are you legally eligible for employment in this country?**

Yes  No

**Date available for work:**

**What is your desired salary range?**

**Type of employment desired:**

Full-time  Part-time  Other (please specify):

**Will you relocate if the job requires it?**

Yes  No

**Will you travel if the job requires it?**

Yes  No

**Are you able to meet the attendance requirements of the position?**

Yes  No

**Will you work overtime if required?**

Yes  No If no, please explain:

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date(s) of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration.

# Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, for the past ten (10) years starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

<b>Employer:</b>	<b>Phone:</b>	<b>Dates employed</b>	
<b>Address:</b>		<b>From</b>	<b>To</b>
<b>Starting job title / final job title:</b>		<b>Starting hourly rate/salary</b>	
<b>Immediate supervisor &amp; title:</b>		<b>\$</b>	<b>Per</b>
<b>Reason for leaving:</b>		<b>Final hourly rate/salary</b>	
<b>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</b>		<b>\$</b>	<b>Per</b>
<b>Summarize the type of work performed and job responsibilities:</b>			
<b>Employer:</b>	<b>Phone:</b>	<b>Dates employed</b>	
<b>Address:</b>		<b>From</b>	<b>To</b>
<b>Starting job title / final job title:</b>		<b>Starting hourly rate/salary</b>	
<b>Immediate supervisor &amp; title:</b>		<b>\$</b>	<b>Per</b>
<b>Reason for leaving:</b>		<b>Final hourly rate/salary</b>	
<b>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</b>		<b>\$</b>	<b>Per</b>
<b>Summarize the type of work performed and job responsibilities:</b>			
<b>Employer:</b>	<b>Phone:</b>	<b>Dates employed</b>	
<b>Address:</b>		<b>From</b>	<b>To</b>
<b>Starting job title / final job title:</b>		<b>Starting hourly rate/salary</b>	
<b>Immediate supervisor &amp; title:</b>		<b>\$</b>	<b>Per</b>
<b>Reason for leaving:</b>		<b>Final hourly rate/salary</b>	
<b>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</b>		<b>\$</b>	<b>Per</b>
<b>Summarize the type of work performed and job responsibilities:</b>			

## Skills and Qualifications

Summarize any special training or skills that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## Educational Background

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** License/certifications. **E.** License/certification number. **F.** Expiration date of license/certification

A. School, city, state	B. Number of years completed	C. Degree/ diploma	D. License/ certifications	E. License/ certification number	F. Exp. date

## References

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Phone	Number of years

## Additional Information

List any additional information you would like us to consider:

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# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employment with Energy Capital Cooperative Child Care, whenever it is discovered.

I expressly authorize, without reservation, Energy Capital Cooperative Child Care, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the Energy Capital Cooperative Child Care, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Energy Capital Cooperative Child Care does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current only while the position(s) for which it pertains remains open. I further understand that Energy Capital Cooperative Child Care accepts applications for open positions only.

If I am hired, I understand that Energy Capital Cooperative Child Care is an at-will employer meaning I am free to resign at any time, with or without cause and with or without prior notice, and Energy Capital Cooperative Child Care reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Energy Capital Cooperative Child Care is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by Energy Capital Cooperative Child Care Director and/or Board of Directors.

I also understand that if I am hired, I will be required to furnish proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that I must successfully complete a background check as a prerequisite to my employment.

I understand that drug and alcohol testing is a prerequisite to my employment. I understand that Energy Capital Cooperative Child Care facility is a tobacco-free campus and a drug-free workplace, and that all employees of the organization are subject to drug and alcohol testing when there is reasonable suspicion of impairment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT**

**Applicant signature:**

**Date:**