



107 Arthur Street • Corning, NY 14830 • www.corningchildrenscenter.com • (607) 937-5502

Pre-Employment Questionnaire

Please print or type all information legibly

Personal						
Date:		Home Phone:		Cell Phone:		
Name: (First)		(Middle Initial)		(Last Name)		
Present Address: (Street)		(City)		(State)		(Zip)
Email Address:				Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employment Preference: (Check all that apply) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Any <input type="checkbox"/>						
Age Level Preference: (Check all that apply) Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool/PreK <input type="checkbox"/>						
Date Available:			Salary Requirements?			
Referred by:			Past Employee of the Center: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I swear/affirm that I have never been convicted of a misdemeanor or felony in New York State or any other jurisdiction. Yes <input type="checkbox"/> No <input type="checkbox"/> Initials: _____ If no, please detail the offense, date and locale below:						
Employment History (List your last three Employers, starting with the most recent)						
Employer	Address	From	To	Position	Salary	Reason for Leaving

Education				
Education Level	Name and Location	Years Attended	Date Graduated	Degree/Major
High School				
College				
Trade Business or Professional School				
Graduate Work				

List any other course work you may have taken which might be related to Early Childhood Education or which might enhance your job performance. (e.g. CPR, First Aid, etc.)

What community organizations are you active in?

Please describe any skills or special interests you have which enrich the experience of children and staff here at the Center .

Please describe your approach to Early Childhood Education: (1-2 sentences)

The facts set forth herein are true and complete. I understand that false statements on this application may be considered cause for rejection of this application or for termination of my employment. I understand that before I can be offered a position, I must be cleared first through the Staff Exclusion List (SEL) background check. If offered a job at Corning Children's Center, I consent to taking a complete physical examination before commencing employment and understand that my future employment may be determined by the results of this examination. If accepted for employment, I also understand that I will be required to undergo child abuse and criminal background checks. My continued employment may be determined by the results of these background checks.

Signature

Date



**Corning
Children's Center**
Reference Release Form

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Professional References (Nonrelative) – minimum of 2 required			
Name of Organization		Contact Person	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	
Name of Organization		Contact Person	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	
Name of Organization		Contact Person	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	
Character References (Nonrelative)- minimum of 1 required			
Name		Years Known	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	
Name		Years Known	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	
Name		Years Known	
Address (Street)	(City)	(State)	(Zip)
Phone		Nature of Association	

I hereby authorize Corning Children's Center to contact the references listed above in order to determine my ability to perform the responsibilities inherent to the position. I am aware that these references may be called before the scheduled interview.

Signature

Date