



ILC Preschool

720 West Main

Puyallup, WA 98371

253-848-4548

[Preschool@ILCPuyallup.org](mailto:Preschool@ILCPuyallup.org)

[www.ILCPuyallup.org](http://www.ILCPuyallup.org)

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: **Classroom Teacher** \_\_\_\_ **Classroom Aid** \_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ Have you ever been convicted of a felony? YES ☐ NO ☐

Do you possess a current CPR/First Aid Card? YES ☐ NO ☐ Do you have a current food handlers' card? YES ☐ NO ☐

Have you ever worked for ILC? YES ☐ NO ☐ If yes, when and \_\_\_\_\_  
reason for leaving? \_\_\_\_\_

Have you had a child(ren) attend ILC Preschool? YES ☐ NO ☐ Child(ren) names & dates attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education & Professional Qualifications

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City/ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

List any ECE Classes Taken: \_\_\_\_\_

\_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment & School Experience

School or Organization \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

\_\_\_\_\_

School or Organization \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

School or Organization \_\_\_\_\_ Phone: \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

#### Statement of Faith

Church \_\_\_\_\_ City & \_\_\_\_\_ How long have  
Home \_\_\_\_\_ State: \_\_\_\_\_ you been an  
active member? \_\_\_\_\_

Do you hold a leadership role? \_\_\_\_\_ Do you volunteer? \_\_\_\_\_

Describe your own personal walk of faith and how you envision it impacting the families at ILC Preschool.

If you need additional room, please use the last page of this application

## Disclaimer and Signature

*Please read the following statement before signing your application:*

*The information I have provided in the application for employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be enough cause for my application to be rejected or if discovered after I am employed, cause for immediate termination of my employment.*

*I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application. To assist in the processing of my application, I wave all rights and claims I may otherwise have against the employer or its representatives for seeking and using information to evaluate my employment request and all-other persons, corporations or organizations who provide information for this purpose.*

*I fully understand and accept all terms and conditions in the above statement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_