LEGACY OF HOPE

EARLY LEARNING CENTER

Building a foundation for lifelong learning

1. APPLICANT INFORMATION

Thank you for your interest in joining Legacy of Hope Early Learning Center. Please complete this application accurately and thoroughly.

Full legal name

Preferred name

Street address

City, State, ZIP

Phone number

Email address

Position applying for

Date available to begin

Desired employment: ☐ Full-time ☐ Part-time ☐ Substitute

Availability (check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Other

If other, please specify availability

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Can you perform the essential job requirements, with or without reasonable accommodation? ☐ Yes ☐ No

2. EDUCATION AND TRAINING

School / institution

City / State

Degree, diploma, or certificate

Area of study

Graduation date

Additional education or training

3. CHILDCARE QUALIFICATIONS AND CERTIFICATIONS

Check all that apply:

- ☐ CPR
- ☐ First Aid
- ☐ Arizona Fingerprint Clearance Card
- ☐ Early childhood coursework
- ☐ CDA credential
- ☐ Teaching certificate
- ☐ Child abuse / mandated reporter training
- ☐ Food handler training, if applicable
- ☐ Other

Certification details and expiration dates

Have you worked in a licensed childcare facility or preschool? ☐ Yes ☐ No

Describe experience and ages served

Preferred age groups (check all that apply):

- ☐ Infants
- ☐ 1-year-olds
- ☐ 2-year-olds
- ☐ 3-year-olds
- ☐ Pre-K (4-year-olds)
- ☐ Flexible

4. EMPLOYMENT HISTORY — EMPLOYER 1 (MOST RECENT)

Employer / organization

Position held

Employer address

Supervisor name and title

Supervisor phone

Dates employed (from — to)

☐ May contact

Primary duties and responsibilities

Reason for leaving

4. EMPLOYMENT HISTORY — ADDITIONAL EMPLOYERS

Please list your next two most recent employers. Attach an additional sheet if needed.

EMPLOYER 2

Employer / organization

Position held

Employer address

Supervisor name and title

Supervisor phone

Dates employed (from — to)

☐ May contact

Primary duties and responsibilities

Reason for leaving

EMPLOYER 3

Employer / organization

Position held

Employer address

Supervisor name and title

Supervisor phone

Dates employed (from — to)

☐ May contact

Primary duties and responsibilities

Reason for leaving

If you have limited employment history, describe relevant volunteer, educational, ministry, or childcare experience.

Additional relevant experience

5. PROFESSIONAL REFERENCES

Please provide three professional references who can speak to your character, reliability, work ethic, or qualifications. Whenever possible, include a former supervisor, colleague, or professional mentor.

REFERENCE 1

Full name

Relationship to applicant

Organization / title

Phone number

Email address

REFERENCE 2

Full name

Relationship to applicant

Organization / title

Phone number

Email address

REFERENCE 3

Full name

Relationship to applicant

Organization / title

Phone number

Email address

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6. ADDITIONAL INFORMATION

Why are you interested in working at Legacy of Hope?

What qualities or experiences would make you a valuable team member?

Describe your approach to creating a safe, nurturing, positive learning environment.

How would you communicate with a parent/guardian concerned about their child's care or development?

Additional skills, experiences, or qualifications

7. APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

I certify that the information provided is true, complete, and accurate to the best of my knowledge. I understand that materially false statements or omissions may result in withdrawal of an employment offer or termination of employment, consistent with applicable law. I authorize Legacy of Hope Early Learning Center to verify the education, employment history, qualifications, and references provided, subject to applicable law. I understand that required background screening, fingerprint clearance, and other childcare licensing requirements must be satisfied before I begin duties for which those requirements apply. Submitting this application does not guarantee an interview or employment. If hired, I agree to follow center policies and applicable Arizona childcare licensing requirements and child-safety procedures.

Applicant signature (type name if completing electronically)

Date

Legacy of Hope Early Learning Center is committed to fair and lawful employment practices. Employment decisions are made in accordance with applicable federal and Arizona law.

FOR OFFICE USE ONLY

Date application received

Position considered for

Interview date

Proposed start date

References checked: ☐ Yes ☐ No

Credentials verified: ☐ Yes ☐ Pending