

# HUGS PLUS LEARNING CENTERS

## Employment Application



Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, disability which can be accommodated and which does not limit job function, national origin, age, marital or veterans status. *Please provide the following information.*

Name: \_\_\_\_\_  
Last First Middle Date

Address: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Interested in Part Time or Full Time? \_\_\_\_\_

Do You Have An E.E.C. Certificate Of Qualifications? NO \_\_\_\_\_ YES \_\_\_\_\_

*If YES, Please Indicate Highest Level:* \_\_\_\_\_

Have You Ever Been Convicted Of A Felony Or Involved With A Child Abuse Or Neglect Allegation (Ex: E.E.C. or The Department of Children and Families) Or Official Investigation?

NO \_\_\_\_\_ YES \_\_\_\_\_ *If YES, Please Explain:* \_\_\_\_\_

A Classroom Of Young Children Is Often Chaotic And Extremely Stressful. An Essential Component Of This Job Is The Ability To Maintain Self-Control Under These Conditions. Is There Anything You Specifically Need In Order To Work Under These Conditions?

Can You Perform The Following Job Functions: Lift Children, Change Diapers, Interact With Children During Gross Motor And Playground Activities And Safely Monitor Children's Behavior?

NO \_\_\_\_\_ YES \_\_\_\_\_ *If NO, What Can We Do To Accommodate You?:* \_\_\_\_\_

### EDUCATION

College Name & Location Course of Study Dates Degree/Diploma

High School Name & Location Course of Study Dates Degree/Diploma

Additional Courses Course of Study Dates Degree/Diploma

## EMPLOYMENT HISTORY

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<b>A</b>	Company Name	Employment Dates (month & Year)
	Address	Telephone
	Supervisor or Contact Person	Position
	Duties	Hourly Rate/Salary ( <i>Starting &amp; Final</i> )
	Reason For Leaving	

<b>B</b>	Company Name	Employment Dates (month & Year)
	Address	Telephone
	Supervisor or Contact person	Position
	Duties	Hourly Rate/Salary ( <i>Starting &amp; Final</i> )
	Reason For Leaving	

<b>C</b>	Company Name	Employment Dates (month & Year)
	Address	Telephone
	Supervisor or Contact person	Position
	Duties	Hourly Rate/Salary ( <i>Starting &amp; Final</i> )
	Reason For Leaving	

## REFERENCES - Please Provide Three Job-Related References Of People Not Related To You.

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Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

## EMPLOYMENT QUESTIONS

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Please Describe Any Special Skills Gained From Your Previous Employment And/Or Talent Or Volunteer Work Which You Feel May Enhance The Position Applying For: \_\_\_\_\_

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Are You Interested In Continuing Your Education By Enrolling In Courses/Training Programs?

YES \_\_\_\_\_

NO \_\_\_\_\_

## EMPLOYMENT CONDITIONS

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- 1. A Signed Employment Agreement**
- 2. Positive Reference Checks**
- 3. Negative C.O.R.I. Results**
- 4. Required Pre-Employment Documents**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision. I hereby release from liability any person or company who provides Hugs Plus Learning Centers with information (verbal, written or otherwise) about the me.

In the event of employment, I understand that false or misleading information in my application or interview may result in dismissal. In the event of employment, I understand I will not have unmonitored contact with children. This is defined as being out of sight or hearing of another staff person with a child for any length of time. This condition is required until I can present a complete and certified C.O.R.I, check from the Department of Early Education and Care. I understand this condition is mandated by the Department of Early Education and Care and does not reflect any probable discrimination against me by Hugs Plus Learning Centers.

In the event of employment, I understand that I am required to abide by all rules and regulations of my Employer.

I understand that completion of this application is not a guarantee or offer of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HUGS PLUS QUESTIONNAIRE

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please' Complete Each Phrase In As Few Words As Possible. Complete Them Quickly, Briefly and Honestly. There Are No Wrong Answers - Only The Way You Feel.

1. Children Learn The Most When: \_\_\_\_\_  
\_\_\_\_\_

2. My Favorite Activity With Children Is: \_\_\_\_\_  
\_\_\_\_\_

3. When I Talk To Children, I: \_\_\_\_\_  
\_\_\_\_\_

4. When I Speak To Parents, I: \_\_\_\_\_  
\_\_\_\_\_

5. When I See A Child Hitting Another Child, I: \_\_\_\_\_  
\_\_\_\_\_

6. Professionalism Means: \_\_\_\_\_  
\_\_\_\_\_

7. What, In Your Opinion, Sets You Apart From Other Candidates Applying For This Position?: \_\_\_\_\_  
\_\_\_\_\_

8. What Would Your Co-workers Say Are Your Greatest Strengths?: \_\_\_\_\_  
\_\_\_\_\_

What Would Your Co-workers Say Are Your Greatest Weaknesses?: \_\_\_\_\_  
\_\_\_\_\_

9. If You Were To Get This Position, In What Areas Might You Need Further Training?: \_\_\_\_\_  
\_\_\_\_\_

**FOR EMPLOYER'S USE ONLY - REFERENCE CHECKS** 

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A** \_\_\_\_\_ Employer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Results \_\_\_\_\_

**B** \_\_\_\_\_ Employer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Results \_\_\_\_\_

**C** \_\_\_\_\_ Employer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Results \_\_\_\_\_

**FOR EMPLOYER'S USE ONLY - ASSESSMENTS** 

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**A** Dates Administered: \_\_\_\_\_ T-Score: \_\_\_\_\_

Analysis and Comments: \_\_\_\_\_

**B** Dates Administered: \_\_\_\_\_ T-Score: \_\_\_\_\_

Analysis and Comments: \_\_\_\_\_

**C** Dates Administered: \_\_\_\_\_ T-Score: \_\_\_\_\_

Analysis and Comments: \_\_\_\_\_

**FOR EMPLOYER'S USE ONLY - INTERVIEWER NAME & COMMENTS** 

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