

## BELOW LISTS THE QUALITIES THAT WE LOOK FOR DURING THE HIRING PROCESS AND EVALUATE WHILE THE STAFF MEMBER IS WORKING ON THE FLOOR.

- FLEXIBLE
- CLEAN
- SENSE OF HUMOR, PLAYFUL ENCOURAGES CULTURAL DIVERSITY
- EMPATHETIC / NURTURING
- COMMON SENSE
- MOTIVATED
- GOOD WORK ETHIC
- PUNCTUAL
- OPEN TO NEW IDEAS, WILLING TO GIVE AN IDEA A CHANCE
- PERSONABLE, WARM, FRIENDLY
- GOOD OBSERVER
- PROBLEM SOLVER
- PATIENT
- FOCUSED WITHOUT HAVING TUNNEL VISION

- EMOTIONALLY RESILIENT TO ADVERSARIAL CIRCUMSTANCES
- ABLE TO ACT INDEPENDENTLY WHILE RESEPECTIN AUTHORITY
- ENTHUSIASTIC
- MATURE
- CALM
- TEAM PLAYER
- ABLE TO SEE FROM THE CHILD'S PERSPECTIVE
- GOOD WORK HABITS
- ATTENTIVE
- SHOW INITIATIVE
- STRIVE TO IMPROVE ONE'S KNOWLEDGE OF EARLY CHIDHOOD DEVELOPMENT
- ALWAYS DOES "WHAT IS BEST FOR THE CHILD"



## APPLICATION FOR EMPLOYMENT

Submit this completed application and a copy of your resume to:
KinderClub Learning Center T00, LLC.
5102 State HWY 359., #700
Laredo, TX 78043
956-701-3568

This application is not an employment contract, but it is limited to evaluate suitability for employment. KinderClub Learning Center is an equal opportunity employer, without discrimination on the basis of sex, race, color, religion, age, amrital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. KinderClub Learning Center reserves the right to conduct pre-employment screening before a job offer is made. If an offer is made, employment may contingent upon successful completion of a medical examination, which may include providing body substance samples.

PERSONAL INFORMATION								
					DATE:_			
NAME:								
Last			First		Middle			
PRESENT ADD	ORESS:Street			City	State	Zip		
LENGTH OF T	IME AT THIS AI	DDRESS:	SOCIAL S	•		•		
D.O.B:	E-MAI	L ADDRESS:						
PHONE:	PHONE: Are you 18 years or older? yesNo							
REFERRED BY	<i>7</i> :					<del></del>		
<b>EMPLOYMEN</b>								
POSITION APP		EACHER AIDE_	SUBSTITU	UTE SUP	PORT STAFF			
PREFERRED A	GE GROUP(S):	INFANTS	TODDLERS	_ PRESCHOOL	PRIMARY	<i>I</i>		
WHEN CAN YOU START? SALARY DESIRED:								
ARE YOU EMPLOYED NOW? If so, may we inquire of your present employer?								
KINDERCLUB IS OPENED FROM 7:15AM TO 6:30PM, MONDAY- FRIDAY (Saturdays if needed)  Are you interested in: FULL TIME OR PART-TIME (please check)								
Please indicate your willingness to work:								
OPENING MORNING AFTERNOON CLOSING								
Will you be willing to work overtime when necessary?								
Please list below the hours you are available to work:								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
						Closed		

CERTIFICATIO	N
--------------	---

DO YOU POSSES A VALID TEACHING CERTIFICATE? \_\_\_\_\_ \*\*Please attach a copy of your certificate.



Type of School		Name of School	# of y		Did you Subjects Stud		died/Degree Obtained	
High School					8			
College/Universit	ty							
Other- Special Schools, Education and Training								
CERTIFICATE #	<u>!</u> :	F	RENEWAL DA	ATE:		ST	`ATE:	
		RE YOU CERTIFIED TO						
Total years experi	ience	teaching or childcare:		(	Grade Level(s)	taught:		
EDUCATION								
List any licenses,	certi	ficates, trainings, or profes					tion.	
VOLUNTEER W	ORF	<b>Κ</b> :					_	
PREVIOUS EM	1PL	DYMENT						
PREVIOUS EM Month/Year		OYMENT Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
			Position	Sal	ary Reas	on for Leaving	Phone Number	
		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
Month/Year		Name and Address of	Position	Sal	ary Reas	on for Leaving	Phone Number	
Month/Year  REFERENCES	HE 1	Name and Address of						
Month/Year  REFERENCES GIVE BELOW T	HE 1	Name and Address of Employer		ELAT	ED TO YOU,			
REFERENCES GIVE BELOW T LEAST 5 YEARS	HE 1	Name and Address of Employer  NAMES OF THREE PER	SONS NOT R	ELAT	ED TO YOU,	WHOM YOU HA	AVE KNOWN AT	
REFERENCES GIVE BELOW T LEAST 5 YEARS	HE 1	Name and Address of Employer  NAMES OF THREE PER	SONS NOT R	ELAT	ED TO YOU,	WHOM YOU HA	AVE KNOWN AT	



PHYSICAL RECORD Do you have any physical condition, which may limit your ability to perform the						
	job for which you are b					
Yes No If yes expla	nn:			·····		
IN CASE OF EMERGENO	CY NOTIFY:					
	Name		Address	Phone		
Have you ever been arreste	ed or convicted of a crime?	yesno				
if yes		•				
explain:						
				AND COMPLETE TO THE		
APPLICATION SHALL E			OYED, FALSIF	IED STATEMENTS ON THIS		
			AINED HEREIN	AND THE REFERENCES		
LISTED ABOVE TO GIV						
				SONAL OR OTHERWISE		
AND RELEASE ALL PAI FURNISHING SAME TO		TY FOR ANY DA	MAGE THAT I	MAY RESULT FROM		
		MY EMPLOYME	NT IS FOR NO	DEFINITE PERIOD AND		
I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT						
ANY TIME WITHOUT P				,		
Date:	Signatura					
Date	Signature					
For office only:						
INTERVIEWED BY;	HIRED?	POSITON:		SALARY:		
DATE HIRED:		DATE T	ERMINATED: _			
RESPONSIBILITIES:						