

## **Blossom Learning Center Employment Application**

5721 Inkster Rd. Garden City MI. 48135

0.00					
Office Use Only					
Date Received:	Attempted Contact:				
Interview Date:	Hire Date:	Declined Date:			
Full Name:		Phone: Zip Code:			
Address:		Zip Code:			
Email:					
Dear Blossom Learning Center App					
Thank you for choosing Blossom Learning Center in your career path. We are dedicated					
to hiring top professionals who are e					
		oplicants must show they understand			
		loyment which are regular policy here			
at Blossom Learning Center by inition	aling each item below	<u>v.</u>			
		nitial if applicable to you)			
Is a High School Graduate or has G.E		Vill maintain a Professional appearance and			
Applicant must provide a copy of thei	conduct	as the ability to meet all job requirements which			
license or identification card and SS Card o					
certificate.		y.			
Applicant is able to write and speak fl	uent Is	able to drive a motor vehicle			
English.					
Applicant is at least 18 years or older	${\text{Test}}$ Al	ll hired employees are subject to Random Drug			
Has United States Citizenship, or is le		nnlavious found under the influence of drugs or			
Has United States Citizenship, or is le authorized to work in the United States.		nployees found under the influence of drugs or or with controlled substance within Building			
dutionzed to work in the entited states.		Daycare will be immediately dismissed.			
Is able to sit on the floor and in the ch		espect Building Blocks Daycare facility as drug			
chairs often		oke-free environments.			
Is physically able to get up and down	from floor Bl	ossom Learning Center reserves the right to			
activities.	request of	lrug ad alcohol testing from any employee at any ensure the safety and well-being of children in the			
		nd in our vans, according to Blossom Learning			
		Orug Policy, and to eliminate the possibility of "false			
	positives	" in a test, please list any drugs you may be taking.			
CDIMINAL OFFENCES C					
CRIMINAL OFFENCES-Criminal background checks will be conducted on all applicants.					
If answering yes, please explain					
Yes [] No [] I have pled guilty, no contest or been convicted of a criminal offense.					
n 1					
Yes [] No [] I have been the subject of an indictment, arrest or an official criminal complaint.					
Explain:					



## AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. I,, hereby authorize Blossom Learning Center to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Blossom Learning Center will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.					
Signature of Applicant	Date	Applicant's Name P	rinted		
General Information					
1. What hours and days are you available? Be Specific					
2. Are you seeking temporary or permanent work?					
3. On what date would you be able to begin work at Blossom Learning Center?					
4. Have you ever worked for Blossom Learning Center before?					
5. How did you hear about our center?					
Educational Experience (Must provide copy of all certification)					
* High School attended and year graduated					
* Degree(s) earned or expected	Major	Name of Institution	Year		
* College Course Work Completed (College Credits):					
* List courses or relevant training (CPR, First Aid, Early Childhood classes, etc.)					



## PROFESSIONAL REFERENCES

You must list at least 3 professional references, these references can include previous supervisor, director, boss, etc. (do not list friends, family or co-workers). All references must be available for us to contact them within 24 hours of your application date.

Name of Referen	act them within 24 hours te Job Title	Employer	Phone Number	Professional Relations			
	Professional V	Vork Experience (begi	n with most recent)				
Begin/End Da		Supervisor's Name &	Your title and duties	Reason for			
	<b>P</b> • • • • • • • • • • • • • • • • • • •	Telephone		Leaving			
Please an	swer the following ques	stions:					
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1. W	What prior experience do you have working with children in a structured setting?						
2. W	Why are you interested in working at Blossom Learning Center?						
	hat does a typical todd						



4.	Describe how you would guide two children who are having a disagreement.		
5.	Describe the major responsibilities of v	vorking in an early childhood classroom.	
6.	What was your attendance record like	at your previous jobs?	
inform misrep docum submi	ation contained in my application is true a resentation or falsification on any of the E ents may result in immediate dismissal fro	clossom Learning Center Application forms or om employment. I further consent and agree to tests that might be required and agree to provide	
Signat	ure of Annlicant	Date	