

# Coulee Children's Center, Inc.

## Application for Employment

Mail application to:  
Coulee Children's Center  
2935 East Ave. So.  
La Crosse, WI 54601

*All applications are considered for employment for all positions without regard to race, religion, creed, gender, national origin, age, disability, political orientation, status, or any other legally protected status.*

### General Information:

Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_

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

What is the best way to contact you? Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Other \_\_\_\_\_

Position you are applying for? Admin \_\_\_\_\_ Teacher \_\_\_\_\_ Asst. Teacher \_\_\_\_\_ Kitchen \_\_\_\_\_

Other \_\_\_\_\_

Date you are available to begin work \_\_\_\_\_

Desired hourly wage range \$ \_\_\_\_\_ to \$ \_\_\_\_\_

How did you hear about Coulee Children's Center? \_\_\_\_\_

Please circle the desired work schedule you are seeking (circle all that apply)

Full-time    Part-time    Flex Schedule    Afternoon only/Evening (until 5:45p)

Please circle the desired age group you prefer to work with (circle all that apply)

Infant/Toddler    2 year-olds    3 year-olds

4/5 year-olds    School Age

Do you meet the ECE educational requirements to be a Lead Teacher?    Yes    No

If no, are you willing to work towards meeting those requirements?    Yes    No

Do you meet the ECE educational requirements to be an Asst. Teacher?    Yes    No

If no, are you willing to work toward meeting those requirements?    Yes    No

Current Employer (if employed) \_\_\_\_\_ May we contact them? Yes No

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

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No

Are you over the age of 18 years? Yes No

### **Pre-Employment Questions:**

1. Have you obtained your **CPR** with AED training for adults, infants, and children in the past two years? Yes No Date of Expiration \_\_\_\_\_

2. Have you obtained **First Aid** Training? Yes No  
Date taken \_\_\_\_\_ Source of Training \_\_\_\_\_

3. Do you have a training certificate in the **SIDS/Back to Sleep** program? Yes No  
Date taken \_\_\_\_\_ Source of training \_\_\_\_\_

4. Do you have a training certificate in **Abusive Head Trauma Prevention**? Yes No  
Date taken \_\_\_\_\_ Source of training \_\_\_\_\_

5. Do you have a training certificate in Child Abuse Prevention? Yes No  
Date taken \_\_\_\_\_ Source of training \_\_\_\_\_

6. Have you ever had a criminal background check? Yes No When? \_\_\_\_\_

7. Are you willing to participate in on-going education and meetings as offered by Coulee Children's Center and the community? Yes No

8. A basic adult physical is a pre-requirement for working with children in an early learning center. Are you willing to obtain this for your employment within the first 3 months (unless you have had one in the past 6 months and can obtain documentation)? Yes No

9. Are you able to perform the physical requirements of working with children ages 4 weeks to 12 years, including the ability to properly lift children (approximately 40lbs) when necessary, and bending properly (bending at the knees to lift)? Yes No

10. Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the early learning occupation for which you have applied? Yes No

*\*A job description is available for your review if you have any questions about your expectations*

11. Describe any training, skills, and extra-curricular activities you have that will contribute to your employment at Coulee Children's Center.

12. Describe any workshops, continuing education, or in-service training that has been a benefit to you in the child care field.

13. List any professional, educational, or early childhood organizations to which you belong(ed). Please include dates and any positions you have held.

14. List any other additional experience you have working with children, being a care giver, etc.

**Education Information:**

Name of High School \_\_\_\_\_ Graduated? Yes No Year: \_\_\_\_\_

Name of College \_\_\_\_\_ Graduated? Yes No Year: \_\_\_\_\_

Degree Granted or Current Course of Study \_\_\_\_\_

If currently in college, expected date of graduation \_\_\_\_\_

*\*please include transcripts if at all possible at the time of application (official or unofficial)*

Early childhood certifications held? (circle all that apply):

Introduction to Childcare Profession Skills and Strategies for Teachers

Fundamentals of Infant and Toddler Care CDA

I have a credential through TEACH (list specific credential) \_\_\_\_\_

**Experience:**

*\*Start with present or most recent job. Please also include any job-related military service or volunteer work.*

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? Yes No Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? Yes No Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer? Yes No Phone Number \_\_\_\_\_

**References:**

Reference Name \_\_\_\_\_ Type: Personal/Professional

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Reference Name \_\_\_\_\_ Type: Personal/Professional

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Reference Name \_\_\_\_\_ Type: Personal/Professional

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*All of the information provided in this application is true to the best of my knowledge and I am voluntarily applying for this position:*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*For Office Use:*

*Date Received:* \_\_\_\_\_

*Admin Initial:* \_\_\_\_\_

*Interview Date/Other Info:* \_\_\_\_\_

*Additional Comment:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_