



**Beatitudes Agelink Intergenerational  
Child Development Center**

1548 W. Glendale Ave, Phoenix, AZ 85021  
602-995-3363 Fax 602-433-6151 www.beatitudesagelink.org

An Equal Opportunity Employer  
**APPLICATION FOR EMPLOYMENT**

Employment desired \_\_\_\_\_  
(Position) (Salary) (Date Available)

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

List any other names by which you have been known that will help verify your education and work records:

Current Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_  
(Home) (Work) (Fax)

Are you employed now? \_\_\_Yes \_\_\_No If yes, may we contact your employer? \_\_\_Yes \_\_\_No

Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

Do you have reliable means of transportation to get to work? \_\_\_Yes \_\_\_No.

Do you want: \_\_\_ full-time work? \_\_\_ part-time work? Any specific hours? \_\_\_\_\_

What languages do you speak?  
\_\_\_\_\_

What languages are you able to write in?  
\_\_\_\_\_

**EDUCATION**

Name of School	Address	Graduate? Degree(s) Earned?	Major/Concentration?
High School			
College			
Prof/Trade School			
Certifications:			

**EMPLOYMENT HISTORY**

Please list employers, starting with the most recent first. If you need more space, please attach an additional sheet of paper or attach a complete professional resume.

Month/Year	Name and Address of Employer	Telephone	Job Title
From _____ To _____			
Salary		Reason for leaving	

Month/Year	Name and Address of Employer	Telephone	Job Title
From _____ To _____			
Salary		Reasoning for leaving	

Month/Year	Name and Address of Employer	Telephone	Job Title
From _____ To _____			
Salary		Reasoning for leaving	

Month/Year	Name and Address of Employer	Telephone	Job Title
From _____ To _____			
Salary		Reason for leaving	

Have you worked in a NAYEC accredited center? \_\_\_ Yes \_\_\_ No Name \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES**

List at least three people, not related to you, who have known you for at least one year.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN	E-MAIL

PERSONAL STATEMENTS (If you need more space, please attach any additional paper to application)

I am interested in this position because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide your written philosophy of Early Childhood Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For Office Use Only – Do not write below this line

Starting Date \_\_\_\_\_

Starting Rate \_\_\_\_\_

Employee # \_\_\_\_\_

Shift/Hours \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Interviewed by \_\_\_\_\_

Accepted:    \_\_\_ Yes   \_\_\_ No

Approved by \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**  
**(Please read the following statements carefully.)**

I hereby affirm that the information provided in the employment application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become part of my personnel record.

I authorize Beatitudes Agelink to make a thorough investigation of my previous employment, education and background in connection with its consideration of my application. I authorize any person, agency, institution, company or other entity to give Agelink any and all information they may have, and I release all parties from liability for any damages that may result from furnishing any of this information to Agelink. I also release, indemnify and hold Agelink harmless from any liability which might result from the investigation or inquiry it makes, or in connection with the information which it receives.

I agree that, if employed, I will abide by the policies, procedures, rules and regulations of Agelink. I agree, notwithstanding any representations contained in the Beatitudes Agelink Employee Handbook or any other documents or statements, that if I am hired, my employment with Agelink will be on an at will basis. I understand that this means that my employment can be terminated with or without cause and with or without notice at any time by me or by Agelink, and that my employment with Agelink will continue only for as long as Agelink desires my services. I understand that no representative of Agelink has any authority to make any oral, written or implied agreement contrary to the forgoing, and that no course of conduct by Agelink or its representative will alter the at will nature of my employment. I also agree that, if employed; the problem-solving procedure set forth in the Beatitudes Agelink Employee Handbook, if it applies to me, and as it may be modified from time to time, constitutes the sole and exclusive procedure for the processing and resolution of any controversy complaint, misunderstanding or dispute that may arise concerning any aspect of my employment or termination from employment.

I further agree that, if hired, any money I owe Agelink may be taken out of any monies I am due including but not limited to: wages, bonuses and vacation pay.

I also agree to fully comply, and to continue to comply, with all requirements of the Arizona Revised Statutes and regulations/guidelines of the Office of Child Care Licensure, the NAEYC Code of Ethical Conduct and the NAEYC Early Childhood Program Standards and Accreditation criteria.

I understand that it is a violation of company policy for any employee to sell, distribute, manufacture, dispense, possess, use, purchase or have in his or her system a prohibited level of alcohol or controlled substances while on Agelink premises or during working hours. I further understand that I may be required to submit to drug and/or alcohol tests in connection with applying for employment with Agelink. I understand that if I am required to undergo such tests, I must pass such tests before I may be offered employment. I also understand that refusal to submit to, or cooperate fully with, the administration of an alcohol or drug test will result in my disqualification from employment and that any attempt to invalidate or circumvent the drug or alcohol tests also will result in disqualification. I further understand that if I am hired, there may be circumstances under which I may be required to submit to drug and alcohol tests and that I must cooperate fully in the administration of such tests. I hereby consent to the disclosure of all test results by the testing facility to the management of Agelink.

I understand that this application will be in effect for one (1) year from the date indicated below and that if employment is not offered within the one (1) year period, I must reapply to be considered for future employment.

I have read the above paragraphs. I understand their importance and effect upon my opportunity for employment, and I accept them as conditions of employment by this company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_