Cornerstone
Child Development Centers
www.cornerstonecdc.com

Employment Application

(Fully complete both sides)

Position Applied For:

Social Security Number	Last Name	First Name	Middle Name
Address		City	County
State	Zip Code	Hone Phone	Cell Phone
Date of Birth	NC Driver's License Number	Have you ever worked for CCDC? If so, when.	

Education

Level	**Name of School**	**Dates Attended**	**Course of Study**	**GED/Degree/Diploma Received**
High School		to		
College or University		to		
		to		
		to		
Graduate or Professional School		to		
		to		
Educational/Vocational Schools		to		

Early Childhood Coursework

Course	**Name of Course**	**Date Completed**	**Level/Subject Area**
EDU 119	EC Credentials		
EDU 251 and EDU 252	Administrative Credentials		☐I ☐II ☐III
AAS in ECE/CD	Associates Degree		
BA or BS	Bachelor's Degree		
MA	Master's Degree		

Additional ECE semester hours received hours

Work History

(List childcare and early childhood experience first)

Current or last employer		Address	
Job Title	Supervisor's Name		Number of people supervised by you
Date employed (mo/yr)	Starting salary	Ending salary	Reason for Leaving
May we contact employer	How long were you at this job? (yrs.mo)		☐Full time ☐Part time
Describe Job Duties:			

Current or last employer		Address	
Job Title	Supervisor's Name		Number of people supervised by you
Date employed (mo/yr)	Starting salary	Ending salary	Reason for Leaving
May we contact employer	How long were you at this job? (yrs.mo)		☐Full time ☐Part time
Describe Job Duties:			

References

List the names of at least two people we may contact as references.

Reference Name	Reference Address	Reference Phone Number
1.		
2.		

Have you ever been convicted of breaking a law other than a minor traffic violation?

☐ Yes (If yes, give the date and explain fully on an addition piece of paper if more space is needed)

☐ No

Have you ever had a Department of Social Services (DSS) Substantiation?

☐ Yes (If yes, list county/state and give the date and explain fully on an additional piece of paper if more space is needed)

☐ No

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____