RED BALLOON EARLY LEARNING CENTERS, INC. APPLICATION FOR EMPLOYMENT North Onalaska

Mail applications to Red Balloon 2910 Gillette Street 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.

Please print. General Information:			
Full NameAddress (include city, state, and zip code			
Telephone Number(s) Email Address	(H.)		 _(C.)
Position you are applying for: How did you hear about Red Balloon?			
What is the best time to contact you? Name your current employer if you hav May we contact your current employer? Phone# Are you over the age of 18 years? Yes Are you prevented from lawfully becomimmigration status? Yes No	e one: Yes Other ph No	No none#	
Date you are available to begin work fo What is your desired hourly wage range	Red Balloon	to \$	
Please circle the desired work you are se Full time Sub	eking (circle all thanstitute stitute schedule prefer to work with ear olds ool Age fer to work at (circl	at apply): Evening work (until 8pm) h (circle all that apply): 3-year-olds le all that apply):	

No

Are you currently on "lay-off" status and subject to recall? Yes

Do you meet the educational requirements to be an early learning Teacher? If no, are you willing to work toward meeting those requirements? Do you meet the educational requirements to be an Assistant Teacher? If no, are you willing to work toward meeting those requirements?	Yes Yes Yes Yes	No No No No
Pre-Employment Questions: 1. Describe any training, skills, and extra-curricular activities you have that will your employment at Red Balloon.	contribu	ute to
2. Describe any workshops, continuing education, or in-service training that h benefit to you in the child care field.	nas beer	n a
3. List any professional, educational, or early childhood organizations that you Please include dates and any positions you have held.	ı belon <u>c</u>	g(ed) to.
 4. Have you obtained your CPR with AED training for adults, infants, and child two years? Yes No Date of expiration	No	he past No
10. Have you ever had a criminal background check? Yes No W 11. Are you willing to participate in on-going education and meetings as offer Balloon and the community? Yes No 12. A basic adult physical is a pre-requirement for working with children in an center. Are you willing to obtain this for your employment within the first 3 m you have had one in the past 6 months and can obtain documentation)?	n early le	earning

13. Are you able to perform the physical requirements of working with children ages 2 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 Initials: 14. Are you willing to obtain additional education if needed for YoungStar or NAEYC standards of accreditation? Yes No 15. 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 Initials Ajob description is available for your review if you have any further questions about your expectations.
References:
1. Reference Name Reference Phone Number Reference Address
How do you know this person, and how long?
2. Reference Name
How do you know this person, and how long?
3. Reference Name
How do you know this person, and how long?
Education Information:
Name of High School Graduated? Yes No Name of College Graduated? Yes No Degree in:
Still in college? Yes No If yes, name of course study Expected date of graduation * please include transcripts if at all possible at the time of application.
Early childhood certifications held? (Circle all that apply): Introduction to Child Care Profession Skills and Strategies for Teachers Fundamentals of Infant and Toddler Care CDA I have Credential through TEACH (list specific credential)

*Start with your present or m	nost red	cent joi	b. Please a	also include any job-related military serv	ice
or volunteer work.					
Face laws					
Employer	- /T:+I-				
What type of Work ald you a	o/ litie	·			
Address	£			to	
Dates employed	irom _			lO	
Phone		_			
Supervisor's name		\/	N.I		—
May we contact this employed					
Reason for leaving?					
Fmplover					
What type of work did you d	o/Title	?			
Address					
Dates employed	from _			to	
Phone		_			
Supervisor's name					
May we contact this employe	er?	Yes	No		
Reason for leaving?					
J					
Employer					
What type of work did you d	o/Title	?			
Address					
Dates employed	from _			to	
Phone Supervisor's name		_			
Supervisor's name					
May we contact this employe	er?	Yes	No		
Reason for leaving?					
All of the information provide	ed in th	nis appl	lication is	true to the best of my knowledge:	
A 1: 6:					
Applicant Signature				Date	

Experience: