



Sunset Christian Preschool (SCP)

8101 27th Street West
 University Place, WA 98466
 253.564.2522

Assistant Teacher Employment Application

PERSONAL

Name (last, first, middle)	Date	
Address	Phone	
Email	Cell	
Emergency Contact	Phone	
Applying for the position of	Date Available	
Have you ever worked or been associated with a nursery and/or preschool?	Yes	No

HEALTH

Is there any health condition that might affect your work with young children?	Yes	No	
If so, explain:			
Do you have a current CPR/First Aid card?	Yes	No	Expires:

EMPLOYMENT HOURS

What days and hours you are willing to work:
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Please complete the following on an attached sheet:

1. What three qualities do you possess that make you an excellent teacher?
2. What do you understand about young children that guides you in your lesson planning and interactions with them?
3. In what ways would you respond to challenging behaviors in your classroom?
4. Explain how you would build relationships with parents and communicate with them.
5. Provide a personal philosophy of Early Childhood Education.
6. Provide a statement of your Christian faith.
7. Provide an example of a daily lesson plan for a 3-year old class..

EDUCATION/TRAINING	GRADUATION DATE
High School	
College/Graduate School/Voc-Tech.	
Major	Minor
Degree(s)	

List all education and teacher training courses that may be pertinent to this position.
(Attach sheet if needed)

EMPLOYMENT HISTORY 1		
Employer	Address	
Supervisor	Supervisor's Phone	
Beginning Date	Ending Date	Ending Wage
Reason for leaving		

EMPLOYMENT HISTORY 2		
Employer	Address	
Supervisor	Supervisor's Phone	
Beginning Date	Ending Date	Ending Wage
Reason for leaving		

EMPLOYMENT HISTORY 3		
Employer	Address	
Supervisor	Supervisor's Phone	
Beginning Date	Ending Date	Ending Wage
Reason for leaving		

May inquiry be made of your present or most recent employer regarding your character, qualifications, etc? YES NO

PLEASE LIST TWO PEOPLE WE CAN CONTACT WHO KNOW HOW YOU WORK WITH CHILDREN:

Name	Name
Email	Email
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Occupation	Occupation

PLEASE LIST TWO PEOPLE WE CAN CONTACT WHO CAN SPEAK OF YOUR CHARACTER:

Name	Name
Relationship	Relationship
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

REQUIREMENTS

Please initial next to the volunteer requirements when completed or met.	INITIALS
I am 18 years of age or older.	
I have completed the attached criminal history and background check inquiry form for the State of Washington.	
I understand that all Assistant teachers are required to complete a TB test before working with children.	
I understand that all Assistant Teachers are required to complete an HIV/AIDS & Blood Borne Pathogens training before working with children.	
I understand that all Assistant Teachers are required to be certified in CPR & First Aid before working with children.	
I understand that all Assistant Teachers are required to complete a Portable Background Check through DEL/Merit before working with children.	
I understand that all Assistant Teachers who will be filling in for Lead Teachers are required to complete the 30-hour Basic STARS training or qualify for the Exemption through DEL/Merit before working with children.	

APPLICANT DISCLOSURE PURSUANT TO CHAPTER 487, LAWS OF 1987

I have never been convicted of child abuse and/ or any crime involving physical harm to another person nor a perpetrator of substantiated child abuse.

Signature: _____ Date: ____/____/____

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (provided by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that may be requested to arrive at an employment decision. I am willing that a photocopy of this

authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release UPPC from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

5. In the event that I am employed, I agree to conform to all UPPC rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either UPPC or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change.

6. Although UPPC makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.

Signature: _____ Today's Date: ____/____/____