



MT. CARMEL COMMUNITY ACADEMY

Full Name: _____

Home Ph: _____ Cell: _____

Address: _____

DOB: _____ DL#: _____ SS# _____

Email: _____

Dear MCCA Applicant:

Thank you for choosing MCCA in your career path. We are dedicated to hiring top professionals who are energetic, motivated, and possess integrity. MCCA is an Equal Opportunity Employer.

Applicants must show they understand and are able to meet the following Requirements for Employment by initialing each item below.

Requirements for Employment (Please initial if applicable to You)

- Is a High School Graduate or has G.E.D
- Applicant must provide a copy of their driver's license or identification card and SS Card or birth certificate.
- Applicant is able to write and speak fluent English.
- Applicant is at least 18 years or older
- Has United States Citizenship, or is legally authorized to work in the United States
- Is able to sit on the floor and in the children's chairs often



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- Is physically able to get up and down from floor activities
- Will maintain a Professional appearance and conduct
- Has the ability to meet all job requirements which might vary.
- All hired employees are subject to Random Drug Test
- . — Respect MCCA facility as drug free, smoke-free environments CRIMINAL OFFENSES
- Criminal background checks will be conducted on all applicants.

I have not pled guilty, no contest or been convicted of any criminal offense.

I have pled guilty, no contest or been convicted of a criminal offense.

Explain: _____

I have not been the subject of an indictment, arrest or an official criminal complaint.

I have been the subject of an indictment, arrest or an official criminal complaint.

Explain: _____

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. I, _____, hereby authorize MCCA, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that MCCA will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's Name Printed



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Educational Experience (Must provide copy of all certification)

- High School attended and year graduated:

- Degree(s) earned or expected _____

Major _____

Name of Institution _____

Year _____

- College Course Work Completed (College Credits):

- List courses or relevant training (CPR, First Aid, Child Development, etc.):

- List other skills (office, clerical, achievements and training other fields):



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Professional Experience (begin with most recent)

Begin/End Date	Employer/Address	Supervisor's Name & Telephone	Your title and duties	Reason for leaving



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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What are your career goals and objectives?

2. Why do you think this day school should hire you?

3. Define PROFESSIONAL CONDUCT. How does it apply to a preschool program?

4. Define CUSTOMER SERVICE and how it relates to a preschool program.

5. What do typical two-year-old classrooms look like?

6. Describe your position on guidance as it relates to two 3-year-old children arguing over a toy?

7. What would your best friend say your strengths and weaknesses are?

8. What was your attendance record at your previous jobs?



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I hereby affirm that I have responded to all inquiries on this form fully and frankly, and all the information contained in my application is true and correct. I understand that any misrepresentation or falsification or any of the MCCA Application forms or documents may result in possible termination, or if the problem comes to light after hire, it can result in immediate dismissal from employment. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests.

Signature of Applicant

Date