



Mountain Climbers Children's Center
 1738 Kroe Lane
 Sheridan, WY 82801
 (307) 752-8592
 admin@mountainclimberschildrenscenter.com
 mountainclimberschildrenscenter.com

Employment Application

Applicant Information Form #1

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you over 16 years of age? Yes No If so, can you provide verification of age? Yes No
 Are you over 18 years of age? Yes No If so, can you provide verification of age? Yes No

Specific Position: _____

Position Applied for: Teacher Assistant Admin Support. Sub. Student Lab/ Intern/ Work Study
 Full Time Part Time Semester (work study) Summer

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Has any relative worked for this company? YES NO If yes, when? _____

Have you been involuntary terminated or asked to resign from a company? YES NO If yes, when? _____

If yes, explain: _____

Have you ever been convicted of a misdemeanor or felony? Or, are you presently charged with committing a criminal offense? YES NO *Responding "yes" will not necessarily disqualify application. Do not include any traffic violation, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.

If yes, explain: _____

Do you have reliable transportation? YES NO If no, explain how you will travel to work? _____

How did you learn about MCCC? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Received GED? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

*College/University involvement (extracurricular activities):

Are you currently a student? YES NO *If yes, please attach class schedule

List specific dates/times
unable to work: _____

Are you available on school breaks? YES NO *If yes, what days? _____
(Holiday/ Spring break/Summer, etc.)

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

*The Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994 prohibits an employer from denying any initial employment, reemployment, retention in employment, promotion, or any benefit of employment to an individual on the basis of his or her membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services. The law also prohibits an employer from retaliating against an individual by taking any adverse employment action against him or her because the individual has exercised his or her USERRA rights, testified in connection with a proceeding under USERRA, or assisted in a USERRA investigation.

Are you currently serving in the armed forces? YES NO If yes, which branch of government? _____

Are you a veteran of the armed forces? YES NO If yes, which branch of government? _____

Applicant Information Form #2

All approved applicants must complete the following at your cost: TB or risk assessment, drug test, background screening, and fingerprints. Do you have a problem fulfilling this requirement?

YES NO

If yes, please explain _____

Do you have any health restrictions or limitations?

YES NO

If yes, please explain _____

Are you able to bend, squat, kneel, or sit longer than 15-30 minutes

YES NO

If no, please explain _____

Are you able to lift objects above your head over 10 pounds?

YES NO

If no, please explain _____

Are you able to stand for longer than 15-30 minutes at a time?

YES NO

If no, please explain _____

Are you able to work unsupervised?

YES NO

If no, please explain _____

Are you able to perform essential functions of the position without accommodations?

YES NO

If no, please explain _____

YES NO

If no, please explain _____

Are you prepared to complete a 90-day training period (required to demonstrate specific duties, communicate with team members, adhere to facility standards and protocol, report to the education director, provide additional information, complete all training and safety programs?)

YES NO

If no, please explain _____

Are you interested in furthering your education?

YES NO

If yes, please explain _____

Are you interested in early childhood education degrees?

YES NO

If yes, please explain _____

Are you interested in career advancement?

YES NO

If yes, please explain _____

Are you CPR certified?

YES NO

If yes, list expiration _____

Do you have a Child Development Associate (CDA)

YES NO

If yes, include document _____

Do you have an AS, BS or MS in early childhood education

YES NO

If yes, include transcript _____

What is your immediate goal (within one year):

Describe a situation where you had to have a tough conversation with the parent of a child in your care.?

What specific skills do you bring to the position?

What is the biggest challenge you've faced while working in child care?

Are you able to safely be around children?

Equal Opportunity Employer

Mountain Climbers Children's Center provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Authorization

Federal policies now require that all prospective employees sign a declaration prior to employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition
- Convictions related to other forms of child abuse and/or neglect; and
- All convictions of felonies

Please select only one option:

- I have **NOT** been arrested, charged and/or convicted on one or more of the three types of offenses listed above.
- I **HAVE** been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Please read statement carefully before initial and signing below;

_____ *I understand that I will be required to submit to a background check, including fingerprinting, as required by federal and state regulations.

_____ *I understand that I will be required to have a physician certify that I am free from communicable diseases, and that I will be required to have a TB test before I will be permitted to work with children.

_____ *Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Mountain Climbers Children's Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

_____ *I hereby authorize and permit Mountain Climbers Children's Center to investigate and disclose information contained in this application regarding my employment to any person, firm, or organization (ex: state and federal law enforcement). I also release Mountain Climbers Children's Center from all liability for any damage that may result from the utilization of such information.

_____ *I permit and consent to allow all references and previous employers contacted to release any information deemed relevant to MCCC as my prospective employer. I release MCCC and all persons providing information to MCCC from any liability whatsoever for obtaining and providing that information.

_____ *I understand that, if licenses, transcripts or certification are required for the job for which I am applying, it is my responsibility to furnish MCCC with those documents prior to being employed and prior to receiving any financial compensation.

_____ *I acknowledge that no representative of Mountain Climbers Children's Center has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized company representative.

_____ *I acknowledge if I should become employed by Mountain Climbers Children's Center that my employment is at-will and can be terminated by MCCC or me at any time without cause and without notice. It is further understood that this "At Will" employment relationship may not be changed by any statement, document or conduct except by a written agreement signed by the Executive Director and the Employee.

Date

Signature of Applicant

Child Abuse and/or Criminal Background Records

I acknowledge and give my permission for Mountain Climbers Children's Center to conduct a records check from the Wyoming Department of Human Services, Department of Public Safety/Division of Criminal Investigation (DCI), NCIC computer system, the Sheridan Police Department and/or the Department of Motor Vehicles, the Federal Bureau of Investigation, or any other agency to determine if I have been convicted of a crime involving the mistreatment, molestation, abuse, neglect, or exploitation of a child, or ANY criminal conviction.

I also give my permission for Mountain Climbers Children's Center to check with the Wyoming Central Child Abuse Registry for any complaints, investigations, or information they may have on file. I further understand that this information will be used for the sole purpose of determining eligibility for my employment/internship with Mountain Climbers Children's Center. Any false statement on this form, or any reports of substantiated complaints or convictions for mistreatment or exploitations of a child, is grounds for denial of my employment/internship with Mountain Climbers Children's Center.

Printed Full Legal Name: _____

Signature: _____

Date of Birth: _____ Social Security Number _____

Disclaimer and Signature

I certify that my answers represented in this application are correct and complete to the best of my knowledge. I have not withheld any fact or circumstance that would, if discovered, affect my application unfavorably. If such misrepresentation or omission of a fact on this application or any other company record is observed, may be cause for immediate dismissal.

Signature: _____ Date: _____

Office Use ONLY

Date Received	_____ Interview Complete	_____ P <input type="checkbox"/> F <input type="checkbox"/>	Remarks:
TB Received	_____ Fingerprint Received	_____ Transcript Received	N/A <input type="checkbox"/> Y <input type="checkbox"/>
Child Abuse/ Neglect Sent	_____ P <input type="checkbox"/> F <input type="checkbox"/>	_____ Certification Received	_____ N/A <input type="checkbox"/> Y <input type="checkbox"/>