

8717 Lincoln Highway

815-469-2627

Frankfort, Illinois 60423

BOBBIE NOONAN'S CHILD CARE, LLC PRE-SCHOOL AND DAY CARE CENTERS

Please circle locations willing to travel to:

947 E. Division

815-838-2855

Lockport, Illinois 60441

13230 Cedar Creek Drive

708-301-3939

Homer Glen, Illinois 60491

4951 W. 115th Street 17051 Grissom Drive 10155 S. Roberts Road Alsip, Illinois 60803 Tinley Park, Illinois Palos Hills, Illinois 60465 708-532-7676 708-385-2288 708-599-0101 DATE _____ POSITION APPLYING FOR _____ Personal Information: Name _____ City _____ State ____ Zip ____ Telephone (include area code) Email Address: Education Year Graduated _____ High School College ____ Major Concentration Years Attended Degree Received _____ Credit Hours in Child Development Courses

Are you planning to further your education? ___yes ___no

WORK EXPERIENCE:

List employment beginning with most recent. Attach Additional sheets if necessary.

Employer Name	Employed	From	To	
Employer's Address		Phone #		
Your Title				
Your Duties		Pay/W	ages	
Supervisor's Name and Title _				
Reason for Leaving				
	Employed			
Employer's Address	nployer's Address Phone #		#	
Your Title				
Your Duties Pay/Wages				
Supervisor's Name and Title _				
Reason for Leaving				
	How many hours			
Where?	Current Pay/Wages			
	ence you have had working with ot included in your formal educa			
Circle any of the following that	t applies to you:			
Artistic/Creative	Likes to write	_	ergy level	
Mrs. Clean	Prompt		ergy level	
Well organized	Respects authority	Self star	ter	
Enjoys wood working	Compromise	Leader		
Likes to keep busy	Follower	Optimist		
Loyal	Team player	Pessimis		
Loves to cook	Smoker	Dependa		
Outspoken	Athletic	Loves to		
Loves music	Good sense of humor	Very pat		
Typing	Play a musical instrumen	a musical instrument (which one)		

Are you married?	_ Do you have children?
	y crime; including sex-related or child-abuse related Explain
Our schools are open from 6:30 a.m enrollment needs of the school and a	a. to 6:30 p.m. Schedules are made to fit the are subject to change.
Could you work any schedule within	n these hours?
Are you interested in a full time o	•
What date could you start work?	
REFERENCES	
Name	Phone
Address	
Relationship	
Name	Phone
Address	
Relationship	
Name	Phone
Address	
Relationship	
Applicant's Signature	Date

Physical Record

Job duties in an early childhood program may be physically and e These include, among other things, the need to lift and carry child and the need to react quickly in emergency situations. Are you absunctions of the job?	lren on a regular basis
How would you describe your general health?	
Are there physical or personal limitations on the type of work you children at school or the amount of time you can spend at work?	can perform with
Date of last physical exam?	
Employee Signature	Date

Physical constraints require of this position include the ability to hear the conversational voice with or without a hearing aid, the ability to see and read newsprint with or without corrective lenses, to speak and be understood under normal circumstances, the ability to lift and move heavy items and the use of arms, hands, legs, and feet with or without corrective devices to accomplish the job. Working conditions may include extreme temperature and humidity. Hazards may include stairs, indoor and outdoor grounds.