



# GuilfordChildDevelopment

1200 ARLINGTON STREET  
GREENSBORO, NC 27406

Phone: (336) 378-7700 Fax: (336) 510-7724

Guilford Child Development is an equal opportunity employer. It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, national origin, religion, creed, age, gender or disability. This policy pertains to all matters relating to employment including, but not limited to, hiring, transfer, promotion, training, termination, wages and fringe benefits.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Telephone # (home) \_\_\_\_\_ (day) \_\_\_\_\_  
Are you:

Over the age of 18?  Yes  No

A previous GCD employee?  Yes  No If yes: Month and year of employment? \_\_\_\_\_  
Under what name? \_\_\_\_\_

Are you a former or current Head Start/Early Head Start parent? \_\_\_\_\_

Legally permitted to work in the United States?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Are there any hours or days you cannot or will not work? \_\_\_\_\_

Employment requested: Part-Time  Full Time  Full Year  Part Year

Have you ever been convicted of a crime, or are there any felony charges pending against you?  Yes  No  
If yes, describe in detail: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
Other Training/Education				

You may wish to attach a resume to this application. However, all candidates for employment must complete this application form.

POSITIONS APPLIED FOR 1. \_\_\_\_\_ 2. \_\_\_\_\_



Hourly Wage: Start      Last	Name and Title of Supervisor	
Description of Duties/Position		
Reason for Leaving		
	Address	Telephone
Employed (State Month & Year) From	To	Number of months employed
Hourly Wage: Start      Last	Name and Title of Supervisor	
Description of Duties/Position		
Reason for Leaving		

**APPLICANT'S CERTIFICATION AND AGREEMENT**

- (1) I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the named Employer, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of the Employer or myself. I understand that no one except the Board of Directors of the Employer has any authority to authorize any agreement for employment for any specified period of time.
- (2) I, the undersigned authorize Guilford Child Development to investigate my background and request institutions, business and/or individuals to release information requested upon receipt of this authorization.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_