

Child Development Center Region II Application for Employment

Note: Applications which are submitted to the Child Development Center Region II will remain active for one year. The application will be kept on file for two years. Contact the Child Development Center about procedures for re-activating an application that is more than one-year-old.

	Last Name, First, Middle					
ation	Present Address	Date				
Personal Information	City/State/Zip	Home Phone				
nal In	Permanent Address	Other Phone				
ersoi	City/State/Zip					
Ь	When will you be available to begin work?					
	DI	1.1				
	Please indicate 1 st , 2 nd , and 3 rd choice in the level(s) for which you are applying.					
	Early Intervention (birth to 3 yr.)	Preschool				
nts	Occupational Therapist	Lead Teacher				
me	Physical Therapist	Co-Teacher				
orse	Speech Language Pathologist	Substitute				
pu	Early Childhood Special Education (3 yr. to 5 yr.)					
g E	Other					
Feaching Endorsements						
	Please attach: Resume Areas of licensure and/or copies o	f certification				

Child Development Center Region II does not discriminate on the basis of race, color, national origin, sex, age, disability, political affiliation, religion or belief in relation to admission, treatment of students, access to programs and activities, or terms and conditions of employment. Any person who feels that discriminatory conditions exist concerning Title VI or Section 504 of the Rehabilitation Act of 1973 may contact the CDC Director or the Wyoming Department of Education, Office for Civil Rights Coordinator, 2nd Floor, Hathaway Building, Cheyenne, Wyoming 82002-0500, (307)777-6198; or the Office for Civil Rights Region VIII, U.S. Department of Education, Federal Office Building, Suite 301, 1244 Speer Boulevard, Denver, Colorado 80204-3582, (303)844-5695, TDD (303)844-3417.

1.	Are you able to perform the essential functions required of the position for which you are making application, with or without accommodations? If no, please explain:	YES □	NO
2.	Are you willing to attend an interview at the Child Development Center Region II?		
3.	Conviction of a crime is not an automatic bar to employment. The Child Development Center will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.		
a.	owes another member of society in general and which are contrary to the accepted rule of right and duty between persons, including but not limited to, theft, attempted theft, murder, rape, swindling, and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude or has any court received a plea of guilty or a plea of nolo contendre from you?		
	If yes, please explain:		
4.	Have you ever been dismissed or asked to resign from any job? If yes, please give details:		
5.	Do you have or have you had, continuing contract status in any Wyoming school district or regional developmental centers? If yes, list dates and with which district:		
6.	Pursuant to the provisions of W.S. 9-2-2104, W.S. 144-104 and W.S. 16-3-101, all employees must submit to a complete Child Abuse/Neglect Central Registry check and/or criminal background pre-screen or full criminal background check if indicated by the pre-screen.		
a.	Have you ever failed a background check?		
b.	Are you prevented from being lawfully employed in this country because of visa or immigration status? Proof of citizenship or immigration status will be required upon employment.		

Academic Programs

Include all college and university preparation. Express college credits in semester hours. Multiply quarter hours by 2/3 to change to semester hours. Attach an extra sheet if needed.

Name of School &	Dates	Major	Minor	# of Sem. Hours	
Location Incl	Inclusive			Major	Minor

	Name of School & Location	Subject/ Grade	# Years	Principal	Supervisor	Phone
ng						
Teaching						
Te						

List all teaching experiences and non-teaching experiences of three months or longer. Begin with the most recent position. Attach an extra sheet if needed.

Name of School/Business & Location From – To Position Reason for Leaving

	Name of School/Business & Location	From - To	Position	Reason for Leaving
Experience				
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Please list three to five persons who can answer questions concerning your qualifications for the position you seek. Include superintendents, principals, and other supervisors under whom you worked. The CDC reserves the right to contact persons not specified by you. Submission of an application constitutes your permission and consent for the CDC to contact any person(s) and discuss you, your qualifications, and other pertinent matters.

References

	Name/Title	Address & City	Phone
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	If applying for a preschool position, complete the questions below. 1. Describe your professional and community activities which you think would be helpful concerning your knowledge, skills and experience related to the position for which you are applying:
nation	2. List any honors you received in college and or high school:
General Information	3. List any honors you have received as a professional:
9	4. What instructional techniques do you plan to use in yourteaching?
Lautho	orize the Child Development Center – Region II to which this application is submitted to obtain information about any criminal records
I may may h falsific	have. I also authorize all governmental agencies to provide information to the Child Development Center about any criminal record I lave. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, cation, or omission on this application or other documents submitted to the CDC will be sufficient cause for this application not to be lered by the CDC or for dismissal if I have been employed.
inform employ release employ provid	orize the Child Development Center Region II for which I have completed an employment application to check my references, to obtain nation from my prior employers and education institutions, and to take other actions to investigate any information provided in my yment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize the e of any and all information or records maintained by the Wyoming Department of Family Services. I authorize my listed references, past yers and educational institutions, and anyone else who has information about my work history, education, qualifications or fitness, to le such information to the Child Development Center Region II. I release all persons providing information to the Child Development Region II from any liabilities whatsoever for obtaining and providing that information.
	occasion, the Child Development Center Region II is asked by other educational institutions, such as other regions, to provide names of dates for areas in which they have vacancies. Do you consent to the release of your application information to these other institutions? $\square_{YES} \square_{NO}$
A Pho	tocopy of this release shall be effective as the original.

Signature

Date