

ISLAMIC CENTER OF AMERICA

Madrasatu Ahlis Sunnah

215 North Oraton Parkway - Ahlus Sunnah Plaza

East Orange, N.J. 07017 USA

(973) 672-6690

www.thesunnah.org/school



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Employment Application

NAME:		BIRTHDATE (IF UNDER 18 YEARS):		
CELLPHONE:	HOME PHONE:	E-MAIL ADDRESS:		
HOME ADDRESS:		CITY:	STATE:	ZIP:
POSITION(S) APPLIED FOR:			DATE OF APPLICATION:	

EDUCATION AND TRAINING

Education:

High school graduate or General Education Development (GED)? YES NO CURRENTLY ATTENDING

Early Childhood Education Coursework in High School? YES NO CURRENTLY ATTENDING

Post high school training (college, business school, military, etc.): YES NO CURRENTLY ATTENDING

SCHOOL NAME	LOCATION (City/Date)	YEARS ATTENDED	DEGREE RECEIVED	GRADUATION DATE	MAJOR/MINOR

Other Child Care Training:

TITLE OF CONFERENCE/WORKSHOP/TRAINING	CLOCK HOURS	TRAINER/SPONSOR

EMPLOYMENT HISTORY

(Start with current or most recent employer, including volunteer experience. If more space is needed to attach another sheet of paper or your resume.)

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM:
PHONE:	SUPERVISOR NAME:	EMPLOYED TO:
JOB DUTIES:		REASON FOR LEAVING:

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM:
PHONE:	SUPERVISOR NAME:	EMPLOYED TO:
JOB DUTIES:		REASON FOR LEAVING:

MAY WE CONTACT THE EMPLOYER BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	TITLE/POSITION:	EMPLOYED FROM:
PHONE:	SUPERVISOR NAME:	EMPLOYED TO:
JOB DUTIES:		REASON FOR LEAVING:

Have you ever applied with us before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give date:
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Have you previously been employed with us?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give date:
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If you are under 18 years of age, can you provide proof of eligibility to work?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are you legally authorized to work in the United States? (Proof of eligibility will be required upon hire.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you have any physical condition that would limit your performance at work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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What shifts are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
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Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you been convicted of a felony within the last seven (7) years? (A conviction will not necessarily disqualify an applicant from employment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, please explain:

REFERENCES

Please provide information for at least two people who have knowledge of your work experience, education, and suitability to work with children.

NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY	
RELATIONSHIP:		DATE REFERENCE RECEIVED:	
PHONE:		<input type="checkbox"/> WRITTEN	<input checked="" type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY	
RELATIONSHIP:		DATE REFERENCE RECEIVED:	
PHONE:		<input type="checkbox"/> WRITTEN	<input type="checkbox"/> VERBAL
NAME/TITLE:	ADDRESS:	FOR CENTER USE ONLY	
RELATIONSHIP:		DATE REFERENCE RECEIVED:	
PHONE:		<input type="checkbox"/> WRITTEN	<input type="checkbox"/> VERBAL

RECEIPT OF POLICIES AND PROCEDURES

I attest that all the information on this application is accurate, and that I have read and received the following information:

<input type="checkbox"/>	Center Policies and Procedures		
<input type="checkbox"/>	OOL Information to Parents Document		
<input type="checkbox"/>	Discipline Policy		
<input type="checkbox"/>	Policy On The Release Of Children		
<input type="checkbox"/>	Policy On The Use Of Technology And Social Media		
<input type="checkbox"/>	Policy on the Methods of Parental Notification of Injuries (if applicable)		
<input type="checkbox"/>	I have received a Child Abuse Record Information (CARI) form and consented to a CARI check		
<input type="checkbox"/>	I have received a Criminal History Record Information (CHRI) form and consented to a CHRI check.		
<input type="checkbox"/>	Other:		
STAFF SIGNATURE:		DATE:	

FOR CENTER USE ONLY

DATE HIRED:	POSITION:	SOCIAL SECURITY #:	DATE TERMINATED:
DATE OF PHYSICAL:	RESULTS:	DATE OF MANTOUX/CHEST X-RAY:	RESULTS:
OTHER:			