



## EMPLOYMENT APPLICATION

### APPLICATION INSTRUCTIONS

Please complete and send this employment application, along with a copy of your cover letter & CV by email to [cv@academiedelenfance.com](mailto:cv@academiedelenfance.com). If you do not receive an automatic email response after submitting your application, please verify the email address that your documents were sent to.

### PERSONAL INFORMATION

First name:	Last name:
DOB (MM/DD/YY):	Phone:
Email:	Can you legally work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Current address (# street, city, postal code):	
Languages (spoken):	Languages (written):

### EDUCATIONAL BACKGROUND

High School (School name & Graduation Date)
CEGEP / Pre-University Program (School name, Program & Graduation Date)
University - Bachelor's Level (School name, Program & Graduation Date)
University - Master's / Doctorate Level (School name, Level, Program & Graduation Date)
Other educational institutions / accreditations:

### CERTIFICATIONS

Are you a qualified early childhood educator? <input type="checkbox"/> YES Program: _____ <input type="checkbox"/> NO
Do you have a valid CPR certification for early childhood settings (including anaphylaxis / allergy 8-hr course)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid police background check (less than 3 years old) from a local police station (ie: SPVM, SPVL)? <input type="checkbox"/> YES <input type="checkbox"/> NO



### PREVIOUS EMPLOYER REFERENCES

Name of organization / company:	Name of reference:	Contact information:
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### POSITION & EMPLOYMENT TYPE

(PLEASE INDICATE THE TYPE OF EMPLOYMENT YOU ARE CURRENTLY SEEKING)

<input type="checkbox"/> Director / Assistant Director	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>
<input type="checkbox"/> Early Childhood Educator / Pre-kindergarten Teacher	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>
<input type="checkbox"/> Integration Aide / Special Educator	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>
<input type="checkbox"/> Kitchen / Maintenance Staff	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>
<input type="checkbox"/> Other (please indicate):	<input type="checkbox"/> Full-time (Monday to Friday) <input type="checkbox"/> Part-time (select days): MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/>

EMPLOYEE REFERRAL PROGRAM: *\*Please indicate the first and last name of the ADE employee reference.*

### APPLICANT DECLARATION & SIGNATURE

By signing this application, I hereby declare that all of the information I have provided in this application form is truthful and accurate. I understand that any form of misrepresentation / untruthful representation can result in immediate termination of the application process and/or future employment. I agree to a reference check based on the information provided to ADE (Académie de l'enfance).

Date:

Signature: