

## **Information and Instructions for applying to work at Covenant Children's Center**

Covenant Children's Center is accepting applications for part-time employment and substitute teachers. Our program has positions that are part-time morning (between 8 a.m. and 12:30 p.m.), and part-time afternoon (between 2:30 p.m. and 6:00 p.m.) All employees are also required to attend monthly staff meetings and participate in periodic training sessions outside the times mentioned above. Some positions also require employees to do planning and preparation of materials outside regularly scheduled hours.

All employees are required to complete BCI and FBI background checks and training in first aid, cpr, management of communicable diseases, and recognizing signs of child abuse. They must also provide proof of educational background, and have a medical statement from their physician certifying that they are physically fit for employment in a facility caring for children, and that they have been immunized against Diphtheria/Tetanus/Pertussis/Measles/Mumps/and Rubella.

Applicants must have prior experience working with children. A college degree in child development, education, or a related field is preferred.

Please complete the application form on the following page, and attach a resume and brief statement explaining why you would like to work at Covenant Children's Center. Completed applications and questions regarding applications should be directed to:

Caroline McGeoch  
Director, Covenant Children's Center  
2070 Ridgecliff Rd.  
Upper Arlington, OH 43221

**[childcenter@covenantpcusa.org](mailto:childcenter@covenantpcusa.org)**

## Covenant Children's Center

## Teacher/Substitute Application Form

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_

Soc. Sec. No. (required upon employment) \_\_\_\_\_ Do you have a driver's License? \_\_\_\_ no \_\_\_\_ yes

Have you ever been convicted of a felony? \_\_\_\_ no \_\_\_\_ yes If yes, reasons: \_\_\_\_\_

Do you have any physical condition or handicap that may limit your ability to perform this job? \_\_\_\_ no \_\_\_\_ yes  
If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_ no \_\_\_\_ yes

Person to notify in case of emergency: \_\_\_\_\_ phone \_\_\_\_\_

### EDUCATION

School	City & State	Years	Graduate?	Course/Major/ Degree
High School _____	_____	_____	_____	_____
College or University _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

### REFERENCES (excluding relatives)

Name	Relationship to you	Address/email/phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### PAST EMPLOYMENT

Employer	Position Held	Dates	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I declare my answers to the questions on this application are true and accurate and give Covenant Preschool the right to investigate all references and information given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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