

**Community United Child Care Centers, Inc**  
 Child Development Centers – Administration Office  
 1026 E Seerley Blvd, Cedar Falls, IA 50613  
 (319) 277-7303, (319) 277-0472 fax



www.cuccc.org  
 rev 08/01/22

**APPLICATION FOR EMPLOYMENT**

CUCCC does not discriminate based on race, creed, color, sex, age, disability, religion, national origin, gender identity, sexual orientation, or genetics.

Last Name	First	Middle	Date		
Street Address			Phone (     )		
City, State, Zip			E-Mail		
Have you applied here before?		Yes	No	Date:	Location
Have you worked here before?		Yes	No	Date:	Location
Position Desired			Pay Expected		
What days and hours are you available you work? <i>(If you need more room, use the back.)</i>			Will you work overtime if asked?		
			Yes                      No		
			What date are you able to begin?		
Are you legally eligible for employment in the United States?		Yes	No	Are you 18 or older?    Yes    No	
Law requires us to perform background checks. Do you have a record of founded child or dependent adult abuse?    Yes    No    If "Yes" explain (on back if needed).					
Describe any training received relevant to the position for which you are applying (please write on the back if you need more room).					
School	Name and Location of School	Course of Study	Did you graduate?	Years Completed	Type of Degree or Diploma
Graduate School			Yes No		
College			Yes No		
Business/Trade/ Technical			Yes No		
High School or GED			Yes No		

*"Partnering with families to nurture and educate tomorrow's leaders"*

Nordic (319) 266-4477 – Valley Park (319) 277-7303 – Westridge (319) 234-5920



**EMPLOYMENT**

Please give accurate and complete employment history. Start with you present or most recent employer.  
 (attach an additional sheet or resume if necessary).

Company Name	Telephone (    )
Address (with city and state)	Employed – (month and year) From                                  To
Name of Supervisor	Pay rate Start                                  Last
Job Title and Describe Your Work  _____	Reason for Leaving

Company Name	Telephone (    )
Address (with city and state)	Employed – (month and year) From                                  To
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**REFERENCES**  
 Please give accurate and complete contact information.

Name	Relationship	Years Known	Contact Information

Membership in Professional or Civic Organizations

Email application to [adminped@cuccc.org](mailto:adminped@cuccc.org) or take to any center

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, I understand that any information I give may be investigated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me or for me to continue my employment with CUCCC in the future.

\_\_\_\_\_

Signature Date