



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for employment without regard to race, Color, religion, sex, national origin, age, disability, marital, or veteran status.

FOR OFFICE USE ONLY

Start Date:

Location:

Rate:

PERSONAL INFORMATION (Please PRINT clearly)

Last Name, First Name				SSN	
Street Address		City	County	State	Zip Code
Email		Home Phone Number		Mobile Phone Number	

Are you OVER 18 years of age?		
Yes	No	
Are you legally eligible for employment with us?		
Yes	No	PROOF REQUIRED UPON EMPLOYMENT
Have you ever been arrested/convicted of a crime, other than traffic violations?		
Yes	No	CRIMINAL BACKGROUND CHECK REQUIRED UPON EMPLOYMENT

POSITION INFORMATION

Employment Type Desired: (circle one)				
Assistant	Teacher	Substitute	Cook	Administrator
Employment Type Desired:		Date Available to Work:		Expected Pay:
Full Time Part Time				
How were you referred				
Advertisement		Referral	Other:	
Have you ever applied here before?			If yes, indicate month, year, and position.	
Yes No				

EDUCATION PROOF REQUIRED

School	Name & Location	Course of Study	Years Completed	Did you Graduate? Yes/No	Degree or Diploma
High School					
College					
Graduate					
Business/Trade Technical					

EXPERIENCE (complete or attach resume)
 Start with your present or most recent job.

Employer:	Work Performed:	Dates Employed:	
Address:		From:	To:
		/	
Phone #:	Name or Supervisor:	Hourly Rate/ Salary	
Job Title:			
Reason for Leaving:			May we contact your current employer? Yes No

Employer:	Work Performed:	Dates Employed:	
Address:		From:	To:
		/	
Phone #:	Name or Supervisor:	Hourly Rate/ Salary	
Job Title:			
Reason for Leaving:			May we contact your current employer? Yes No

SKILLS/CERTIFICATIONS

<p>If hired you will need to provide copies of these certificates: (please check all certifications you have received)</p> <p><input type="checkbox"/> Preschool Teacher (90 Hour) Certificate</p> <p><input type="checkbox"/> Infant/ Toddlers (45 Hour) Certificate</p> <p><input type="checkbox"/> Current First/CPR Certification</p> <p><input type="checkbox"/> Medication Administration</p> <p><input type="checkbox"/> Developmental Screening Overview</p> <p><input type="checkbox"/> ADA Certification <input type="checkbox"/> Breast Feeding Awareness</p> <p><input type="checkbox"/> 9 Hour Communication</p>	<p>Other Skills or qualifications you feel are relevant:</p>
--	---

REFERENCES:

1.Name:	Occupation:	Relation to you:
Address:		Phone:
1.Name:	Occupation:	Relation to you:
Address:		Phone:

I affirm that the information I have given herein is true and correct to the best of my knowledge. If you employ me, any misstatement or omission of fact on this application may result in dismissal.

Date

Signature