

Application for Employment



Personal Information

Name: _____ Date: _____

Address: _____

Email: _____

Cell Phone Number: _____ Home Phone Number: _____

Social Security Number: _____ Are you 18 years or older? _____

Marital Status: _____ Referred By: _____

Education Information

High School Attended: _____ Graduation Date: _____

College: _____ Graduation Date: _____

Degree: _____

General Information

What experience do you have working with children?

What age children have you worked with? _____

Are you looking for Full or Part time work? _____

What hours are you available to work? _____

What hourly wage are you seeking? _____ Date you can start? _____

Position Applying for: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Do you have anything on your abuse/neglect background screening that would prohibit you from working with children? _____

Please list the names and ages of your children: _____

Will you need child care contingent on employment? _____

Work Reference (No Relatives)

Name: _____ Relationship: _____

How long have you known this person? _____ Phone: _____

Name: _____ Relationship: _____

How long have you known this person? _____ Phone: _____

Employment History

Present Employer: _____

Phone Number: _____ Address: _____

Dates Employed: _____ Reason for leaving? _____

Supervisor's Name: _____ May we contact your employer? _____

Current Rate of Pay: _____ Position Held: _____

Duties/Responsibilities: _____

Previous Employer: _____

Phone Number: _____ Address: _____

Dates Employed: _____ Reason for leaving? _____

Supervisor's Name: _____ May we contact your employer? _____

Rate of Pay: _____ Position Held: _____

Duties/Responsibilities: _____

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without care, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

Signature: _____ Date: _____

Do not write below this line, for office use ONLY.

Contacted: _____

Date of Interview: _____ Time of Interview: _____

Date of Working Interview: _____

Time of Working Interview: _____

Department of Working Interview: _____

Hired: _____ Start Date: _____

Pay Rate: _____ Position: _____