

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry or veteran status.

Date:				
Last Name:		First Name:		M.I
Street Address:	<u></u>			
City:		State:		Zip:
Cell Phone:		Home Phone:		
Social Security #:		Drivers License #		
Email:				
Position Applied	d For:		Desired	Wage:
Date Available:		Full Time:_	ll Time: Part Time:	
-	t 18 years old? Yes No Citizen or are you? Yes No	If N	o, are you able to wo	ork in the U.S.? Yes No
Education				
	Name and Location	า	Years Completed	Degree, Major or Course Completed
High School				
College				
Other				

Do you have any commitments that might affect your employment with us? Yes No
If Yes, Please Explain:
Are you, or have you ever been in the Armed Forces? Yes No
If Yes, Please Explain:
Have you ever been arrested or charged with a crime involving a child or been asked to resign or been decertified for a sexual offense? Yes No If Yes, Please Explain:
Have you ever been convicted of a Criminal Offense? Yes No
If Yes, Please Explain:
Describe any other special training you have had which you feel will be pertinent. Including Continuing Education Units. Give dates, locations and names of the organization or agency sponsoring the training.
List any professional licenses, certifications or credentials you hold.
Describe any other experience you have had which you feel is pertinent. Include volunteer work and give dates and locations.

Employment History

Please List or More Recent Employer First

Employer	Dates of Employment	Job Title
Address	Salary/Wage	Name of Supervisor
Telephone	Duties	May We Contact
Reasons for Leaving		
Employer	Dates of Employment	Job Title
Address	Salary/Wage	Name of Supervisor
Telephone	Duties	May We Contact
Reasons for Leaving		
Employer	Dates of Employment	Job Title
Address	Salary/Wage	Name of Supervisor
Telephone	Duties	May We Contact
Reasons for Leaving		

Please List Three Professional References:

Full Name:	Relationship:	
Address:		
Company:	Phone Number:	
Full Name:	Relationship:	
Address:		
Company:	Phone Number:	
Full Name:	Relationship:	
Address:		
Company:	Phone Number:	
AGREEMENT (Please read the following st	tatements carefully)	
I hereby affirm that the information provided on this a knowledge. I also agree that falsified information or si consideration for employment and may be considered		
I understand that the first ninety (90) days of my employment, benefits shall not accrue, and that my employr such or thereafter at the discretion of either the company	ment can be terminated without cause at any time during	
Signature:	Date:	

Please finish the following statements:

When a child cries for no reason:
·
Children's parents:
Your relationship with management:
Children Biting:
The best part of working with children is:
The worst part about working with children: