



## 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, physical or mental disability, or veteran status.*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone:(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a U.S citizen or otherwise authorized to work in the U.S on an unrestricted basis? (You may be required to provide documentation.) CHECK ONE: YES \_\_\_ NO \_\_\_

Are you available for full-time employment? YES \_\_\_ NO \_\_\_

Are you available for part time employment? YES \_\_\_ NO \_\_\_

If no, what hours are you available? \_\_\_\_\_

Have you ever been convicted of a felony? (This will not necessarily affect your application)

YES \_\_\_ NO \_\_\_ If yes, please explain on the lines provided below.

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**EMPLOYMENT DESIRED**

Position applied for: \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever been employed with this company? Yes \_\_\_ NO \_\_\_

When? \_\_\_\_\_ Which location? \_\_\_\_\_

Are you currently employed? YES \_\_\_ NO \_\_\_

May we contact your current employer? YES \_\_\_ NO \_\_\_

Date you can start: \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_

Do you have any experience in the early childhood educational field? YES \_\_\_ NO \_\_\_

If yes, how long? \_\_\_\_\_

Please list all applicable skills: \_\_\_\_\_

**EDUCATION**

SCHOOL NAME LOCATION

YEAR

DEGREE

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other Certifications related to ECE: \_\_\_\_\_

In addition to your work history, are there are other skills, qualifications or experience that we should consider? \_\_\_\_\_

**EMPLOYMENT HISTORY (Start with MOST recent employer)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact? YES \_\_\_ NO \_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact? YES \_\_\_ NO \_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact? YES \_\_\_ NO \_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

**Please read before signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be liable in any respect if a job offer is not extended or withdrawn or employment terminated because of false statements, omissions or answers made by myself on this application. In this event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice and for any reason prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature: \_\_\_\_\_

