



Employment Application

PERSONAL INFORMATION

Name _____		
(First Name)	(Middle Name)	(Last Name)
Date of Birth _____ - _____ - _____	Age _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address _____		
City _____	State _____	Zip Code _____
Email Address: _____		
Home Phone #(_____) - _____	Cell Phone #(_____) - _____	
Social Security Number: _____ - _____ - _____		
Are you eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Position Applied for: _____		Salary desired (Be specific) _____
Employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Full or Part time		
Days/Hours available to work: No preference _____		
	Mon _____	Thurs _____
	Tues _____	Fri _____
Date available to start work _____		

EDUCATION

Type of School	Name of School Attended	Location	Years Completed	Major/Degree
High School				
College				
Trade School				

Are you currently on probation, parole, or any other form of community correction?

_____Yes _____No

Have you ever been convicted of a crime? _____Yes _____No

Have you been on probation, parole or any other form of community correction within the last 5 years? _____Yes _____No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? _____Yes _____No

What is your means of transportation to work? _____

REFERENCES

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Employer _____

Employer _____

Address _____

Address _____

Phone # _____

Phone # _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. *Please add if there is any reason why you would not be able to perform the duties expected, related to child care. For example: back pain.*

MILITARY SERVICE

Have you ever been in the Armed Forces? _____ Yes _____ No

Are you a member of the National Guard? _____ Yes _____ No

Specialty _____ Date Entered _____ Date Discharged _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Name of last supervisor	Employment Dates	Pay or salary
_____		From:	Start:
Address _____		To:	Final:
Phone # _____	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? _____ Yes _____ No

Name of Employer	Name of last supervisor	Employment Dates	Pay or salary
_____		From:	Start:
Address _____		To:	Final:
Phone # _____	Your last job title:		

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I certify that the information on this application is true and complete. I am aware that the information provided will be used to run a background check.

I understand that false information may be grounds for not hiring or for immediate termination of employment at any point in the future if I am hired.

I authorize the verification of any or all information listed above.

Signature of Applicant _____ Date _____