Employment Application

POSITION APPLIED FOR: _____

Full Name: _____ Date: _____

Address: _____ SSN#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Driver License #: _____

Email: _____ Birth Date: _____

Do you need child care for your children? Yes ____ No ____

If *Yes,* list ages of Children: _____

Are you currently employed? Yes ____ No ____

May we contact your current employer? Yes ____ No ____

Do you have the legal right to work in U.S? Yes ____ No ____

Have you ever been arrested? Yes ____ No ____

If yes, Please describe: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

I. EDUCATION:

High School: _____

Address: _____

Graduated: Yes ____ No ____ Degree and Subject: _____

Business/Trade: _____

Address: _____

Graduated: Yes ____ No ____ Degree and Subject: _____

College/University: _____

Address: _____

Graduated: Yes ____ No ____ Degree and Subject: _____

Child Care Specific:

45 Hours:	Yes / No (Circle One)	**CDA:**	Yes / No (Circle One)	**AS Degree in EC:**	Yes / No (Circle One)	**Directors:**	Yes / No (Circle One)

EMPLOYMENT REFERENCE VERIFICATION

II. **PREVIOUS EMPLOYMENT** (please list most recent first. Fill out all sections to the best of your ability. List all employment within the last two years. If additional space is need, please use reverse side of form.)

Company: _____ From: _____ (mm/yyyy) To: _____ (mm/yyyy)

Position: _____

Address: _____ Phone: _____

Duties: _____ Contact Person: _____

Reason for Leaving: _____

Company: _____

Office Use Only

Rehire: Yes ____ No ____ Time/Attendance: _____ Dates Verified: _____

Work Performance: _____ Individual Contacted: _____

Company: _____ From: _____ (mm/yyyy) To: _____ (mm/yyyy)

Position: _____

Address: _____ Phone: _____

Duties: _____ Contact Person: _____

Reason for Leaving: _____

Company: _____

Office Use Only

Rehire: Yes ____ No ____ Time/Attendance: _____ Dates Verified: _____

Work Performance: _____ Individual Contacted: _____

Company: _____ From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Position: _____

Address: _____ Phone: _____

Duties: _____ Contact Person: _____

Reason for Leaving: _____

Company: _____

Office Use Only

Rehire: Yes ____ No ____ Time/Attendance: _____ Dates Verified: _____

Work Performance: _____ Individual Contacted: _____

Office Use Only

Individual Completing Form: _____ **Date:** _____

We are an Equal Opportunity Employer which not discriminate on the grounds of race, color, religion, sex, marital status, handicap, age or national origin in services or accommodations offered or provided to our employees, clients or guest.