Employment Application Form
Early Childhood Learning Center

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name: | Date:

Last	First	Middle	Maiden

Present to Address:

Number	Street	City	State	Zip

How Long: | Social Security No.:

Telephone: | If under 18, please list age:

Position Applied For: | Days/Hours Available to Work:
No Preference _____

Salary Desired: | Monday _____
Tuesday _____
Wednesday _____
Thursday _____

How many hours can you work weekly? | Friday _____

Employment Desired:
◯ Full-time Only   ◯ Part-time Only   ◯ Full- or Part-time

When are you available to begin work?

EDUCATION & OTHER INFORMATION

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

Have you ever been convicted of a crime? ◯ Yes ◯ No

If yes, explain number of conviction(s), nature of the 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?		

Driver's License Number:	State of issue:	Expiration Date:

Type of license: ❍ Operator ❍ Commercial (CDL) ❍ Chauffeur

Have you had any accidents during the past 3 years? ❍ Yes ❍ No	How Many?
Have you had any moving violations during the past 3 years? ❍ Yes ❍ No	How Many?

REFERENCES

Please list 2 references other than relatives or previous employers.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the Armed Forces? ❍ Yes ❍ No		
Are you now a member of the National Guard? ❍ Yes ❍ No		
Specialty:	Date Entered:	Discharge Date:

WORK EXPERIENCE

Please list your work experience for the past 5 years beginning with your most recent job held. If you are self-employed, give firm name. Attach additional sheets if necessary.

Job One

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	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.

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	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.

Job Three

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	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 your present employer? ◯ Yes ◯ No

Did you complete this application yourself? ◯ Yes ◯ No

If not, who did?

OFFICE USE ONLY