



EMPLOYMENT APPLICATION

Please provide complete and accurate information on the form below.

PERSONNEL:

Name (Last, First, Middle): _____

Address: _____ City: _____ State: _____ Zip: _____

Under the age of 18 (Yes/No): _____

Main Phone Number: _____

Email Address: _____

Position Applying For: (circle any and all that apply) Site Director Assistant Site Director Site Aide

How did you learn about this position (circle all that applies):

Kids Club Website Hiring Site OPS School Current Employee Other

If other, please explain: _____

If by current employee, list whom: _____

EDUCATION: Please fill out each box that applies:

	Name of School	Number of Years Attended	City & State	Diploma (Yes/No)
High School				
College or University				
Other				

Please list any skills that would apply to this position:

Do you have experience working with children? (Please describe)

Are you currently certified in Adult & Infant CPR/First Aid/AED? Yes _____ No _____

If Yes, please provide certification expiration date: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes _____ No _____

POSITION INFORMATION:

Date Available to Start: _____

Days Available to Work: Monday Tuesday Wednesday Thursday Friday

Mornings, Afternoons, Both: Mornings Only Afternoons Only Both Mornings & Afternoons

WORK HISTORY: Start with your most recent employment and work back.

Position:	Start Date:	End Date:
Employer:	Supervisor’s Name:	Phone Number:
City	State	Zip
Duties & Responsibilities:		
Reason For Leaving:	Ending Rate:	May This Employer Be Contacted for a Reference: (yes or no)

Position:	Start Date:	End Date:
Employer:	Supervisor’s Name:	Phone Number:

City	State	Zip
Duties & Responsibilities:		
Reason For Leaving:	Ending Rate:	May This Employer Be Contacted for a Reference: (yes or no)

Position:	Start Date:	End Date:
Employer:	Supervisor's Name:	Phone Number:
City	State	Zip
Duties & Responsibilities:		
Reason For Leaving:	Ending Rate:	May This Employer Be Contacted for a Reference: (yes or no)

REFERENCES: Please list three professional references not related to you, with full name, address, phone number, and relationship.

Name	Address/City/State	Phone	Relationship

I confirm that all the information on this application is accurate and complete. I understand that false information on this application, or any other employment document is grounds for disqualification from employment or for dismissal from employment.

Signature: _____ Date: _____