



EMPLOYEE APPLICATION

Please provide complete and accurate information on the form below.

PERSONAL:

Name: _____
(Last) (First) (Middle)

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

Phone: () _____ Social Security #: _____

For what position are you applying? _____

How did you learn about the position? _____

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

Please list any special skills you may have that would help you in working with children _____

Are you currently certified in CPR and First Aid? _____

Do you have any physical conditions or disabilities that would limit your ability to perform the job for which you are applying? Yes _____ No _____ If yes, please explain: _____

Email address: _____

EDUCATION:

	No. of Years Attended	Name of School	City & State	Diploma/GED Yes / No
High School	_____	_____		_____
College	_____			_____
Other	_____			_____

EMPLOYMENT:

1. Employer : _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
 Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes __ No __

2. Employer: _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
 Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes _____ No _____

3. Employer: _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
 Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes _____ No _____

REFERENCES: Please list three non-relatives that can tell us about your abilities.

