



## 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.

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

<b>Position:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Employer:</b>	<b>Supervisor's Name:</b>	<b>Phone Number:</b>

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: \_\_\_\_\_