

# EMPLOYMENT APPLICATION

## EARLY WORLD

## CHILDREN'S SCHOOL

NURTURING CHILDREN & ENRICHING FAMILIES

### PERSONALS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?  
 YES NO IF YES: MONTH AND YEAR \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

ARE YOU AVAILABLE FOR FULL TIME WORK? \_\_\_\_\_

IF NO: WHAT SHIFT HOURS OR DAYS ARE YOU AVAILABLE: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?  
 \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

HOME TELEPHONE  
 ( ) \_\_\_\_\_

BUSINESS PHONE  
 ( ) \_\_\_\_\_

SOCIAL SECURITY NO.  
 \$ \_\_\_\_\_

PAY EXPECTED

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?  
 \_\_\_\_\_

### EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	GRADUATED	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS TRADE OR TECHNICAL					
HIGH SCHOOL					

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

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COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR	SALARY START LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING:
COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR	SALARY START LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING:
COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR	SALARY START LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING:

We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer(s) <u>DO NOT CONTACT</u>
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**AGREEMENT: (Please read the following statements carefully)**  
 I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date.  
 I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the director or owner of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continue employment.  
 I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_



*THIS PAGE TO BE COMPLETED BY SCHOOL*

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DATE OF INTERVIEW: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

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COMMENTS:

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