

## Employment Application

PLEASE PRINT AND COMPLETE ALL SECTIONS

Today's Date: \_\_\_\_\_

### Name

Full Name: \_\_\_\_\_  
*Last First M.I.*

### Employment Desired

Job Applying for: \_\_\_\_\_ Full time ☐ Part time ☐ Temporary ☐  
Salary Desired: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Personal

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

If hired, can you furnish proof of eligibility? YES ☐ NO ☐ Are you 18 years or older? YES ☐ NO ☐

Can you perform the essential function of the position for which you are applying? YES ☐ NO ☐

Have you ever worked or attended school under another name? YES ☐ NO ☐

If yes, give details. \_\_\_\_\_

Have you ever worked for this organization? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever applied here before? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Are you presently employed? YES ☐ NO ☐

If yes, may we contact your current employer for a reference? YES ☐ NO ☐

Have you ever been fired or asked to resign from a job? YES ☐ NO ☐

Have you ever been convicted of a felony violation? YES ☐ NO ☐

If yes, give details. \_\_\_\_\_

If employed by us, do you expect to be employed elsewhere? YES ☐ NO ☐

If yes, give details. \_\_\_\_\_

### Education

High School or GED: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Vocational or Technical:	_____	Address:	_____
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
College or University:	_____	Address:	_____
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Graduate School:	_____	Address:	_____
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Other:	_____	Address:	_____
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____

Do you have other skills or training that would be helpful for the job? If yes, please explain.

### Employment History

Please list your ten year employment history starting with the current or most recent employer.

**A job offer may be contingent on acceptable references from employers.**

Please explain gaps in employment.

Name of Employer:	_____	Phone:	( ) _____
Address:	_____		
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	_____	_____	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Supervisor's Name:	_____	Title:	_____
Phone:	( ) _____	Email:	_____
Job Title:	_____	Ending Salary:	\$ _____
Responsibilities:	_____		
From: _____ To: _____	Reason for Leaving: _____		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Name of Employer:	_____	Phone:	( ) _____
Address:	_____		
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	_____	_____	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Supervisor's Name:	_____	Title:	_____
Phone:	( ) _____	Email:	_____
Job Title:	_____	Ending Salary:	\$ _____

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Gaps in Employment: \_\_\_\_\_

## Volunteer Activities and Professional Memberships

Organization Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Years Active: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Years Active: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Training Experience

Have you attended/completed any child care training courses? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give license number and class of license: \_\_\_\_\_

Have you had CPR training within the past two years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give expiration date: \_\_\_\_\_

Have you had first aid training within the past three years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give expiration date: \_\_\_\_\_

## Certification

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

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