

EMPLOYMENT APPLICATION



CANDIDATE INFORMATION		POSITION APPLIED FOR:	
FIRST NAME:	LAST NAME:	DATE:	
ADDRESS:			
ADDRESS LINE 2:			
CITY:	STATE:	ZIP:	
PHONE:	DOB:	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESIRED SALARY \$ _____	IF YES, WHEN? __/__/__ TO __/__/__		
DATE AVAILABLE: __/__/__	HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OR WITHIN _____ WEEK(S)	YES? EXPLAIN:		
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT TYPE OF POSITION ARE YOU SEEKING? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VARIABLE HOUR		
EDUCATION AND RESOURCES			
DEGREE RECEIVED (CHECK ALL THAT APPLY) AND PROVIDE DATE?		RESUME ATTACHED (IF EMAILED, ADOBE PDF OR MICROSOFT WORD ONLY)	
<input type="checkbox"/> GED __/__/__ <input type="checkbox"/> HIGH SCHOOL __/__/__ <input type="checkbox"/> COLLEGE __/__/__ TYPE _____ <input type="checkbox"/> GRADUATE __/__/__ TYPE _____		<input type="checkbox"/> YES <input type="checkbox"/> NO (APPLICATIONS WITHOUT RESUMES WILL NOT BE CONSIDERED)	
		TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, DRIVER'S LICENSE# _____ ISSUE STATE _____	
		NAME OF INSURER _____ POLICY# _____	
CURRENTLY ENROLLED? DEGREE SOUGHT _____			
OTHER FORMAL EDUCATION/TRAINING:			
DO YOU SPEAK ANY FOREIGN LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST			
REFERENCE			
NAME:		RELATIONSHIP:	CONTACT INFO:
NAME:		RELATIONSHIP:	CONTACT INFO:
TIME OF DAY AVAILABLE (FOR VARIABLE HOURS POSITIONS)			
<input type="checkbox"/> FLEXIBLE	<input type="checkbox"/> BEFORE CARE ONLY	<input type="checkbox"/> AFTER CARE ONLY	<input type="checkbox"/> BEFORE & AFTER CARE
ALL FACILITY HOURS	5AM - 7AM	3PM - 6:30PM	5AM - 7AM, 3PM - 6:30PM
DAYS AVAILABLE			
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY
PLEASE LIST ANY SPECIAL SKILLS AND/OR ANY QUALITIES THAT WOULD MAKE YOU AN EXCELLENT CANDIDATE			
HOW DID YOU HEAR ABOUT THIS JOB?			

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____