



EMPLOYMENT APPLICATION

Employment Date: _____

Full Name of Applicant _____
Last First Maiden/Middle Previous Married Name

Address _____
Street City Zip

Date of Birth _____ Telephone/Cell phone _____ E-mail address _____ Social Security Number _____
Month/Day/Year

Person to contact in event of emergency _____
Name
Address Home Telephone Work Telephone

EDUCATION EXPERIENCE:

High School _____
Name City State Year of Graduation

College _____
Name City State Year of Graduation Major

College _____
Name City State Year of Graduation Major

Additional Training (Post Graduate, First Aid, Infant/Child CPR, 40-Hour Introductory Training Requirement, Credentialing Requirement) _____

Professional Affiliations _____

Position Desired: _____ Full Day Half Day Date Available _____

USE ATTACHED SHEETS TO PROVIDE 5 YEAR EMPLOYMENT HISTORY INFORMATION TO BE CHECKED PRIOR TO EMPLOYMENT. PLEASE ACCOUNT FOR THE COMPLETE 5 YEAR TIMEFRAME – THERE SHOULD BE NO GAPS – IF YOU WERE NOT EMPLOYED FOR A PERIOD OF TIME – PLEASE NOTE THOSE DATES.

EMPLOYMENT HISTORY CHECK

(ATTACH TO EMPLOYMENT APPLICATION)

List below all present and past employment, in chronological order, of any jobs you held during the previous 5 years. Please list gaps in employment and the reason why, i.e. student, stay at home parent, etc.

1. Place of Employment _____
Address: _____
City: _____ State: _____
Phone: _____
Dates of Employment From: _____ To: _____
Position Held: _____
Supervisor's Name: _____
Telephone Number: _____
Reason for Leaving: _____

Job Duties: _____

Attach additional sheets if necessary.

FOR OFFICE USE ONLY:
Date Employment Verified: _____
Findings, if applicable _____
ATTACH ADDITIONAL SHEETS IF NECESSARY
Owner/Directors Initials _____

2. Place of Employment _____

Address: _____

City: _____ State: _____

Phone: _____

Dates of Employment From: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Telephone Number: _____

Reason for Leaving: _____

Job Duties: _____

Attach additional sheets if necessary

FOR OFFICE USE ONLY:

Date Employment Verified: _____

Findings, if applicable _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Owner/Directors Initials _____

3. Place of Employment _____

Address: _____

City: _____ State: _____

Phone: _____

Dates of Employment From: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Telephone Number: _____

Reason for Leaving: _____

Job Duties: _____

Attach additional sheets if necessary

FOR OFFICE USE ONLY:

Date Employment Verified: _____

Findings, if applicable _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Owner/Directors Initials _____