



EMPLOYMENT APPLICATION

Employment Date: _____

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

Address _____
Street City Zip

Date of Birth _____ Telephone _____ 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 _____

TWO YEARS PREVIOUS WORK EXPERIENCE: (use back of sheet if additional space is needed)

Employer _____ Employed From _____ To _____
month/year month/year

Mailing Address _____ Telephone _____

Position Held _____ Name of Supervisor _____

Job Description _____

Employer _____ Employed From _____ To _____
month/year month/year

Mailing Address _____ Telephone _____

Position Held _____ Name of Supervisor _____

Job Description _____

Signature of Applicant _____ **Date** _____

FOR OWNER/DIRECTOR USE ONLY

Employed From (Date) _____ To (Date): _____
Verified by the following: In writing By Phone
Position Description: _____
Level of Performance: _____
Signature of Staff Verifying Employment History: _____
Date of Employment Verification: _____

Employed From (Date) _____ To (Date): _____
Verified by the following: In writing By Phone
Position Description: _____
Level of Performance: _____
Signature of Staff Verifying Employment History: _____
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