



# 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: \_\_\_\_\_  
Date of Employment Verification: \_\_\_\_\_