



**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.



<b>FOR OFFICE USE ONLY:</b>
Date Employment Verified: _____
Findings, if applicable _____
<b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>
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 \_\_\_\_\_