



APPLICATION FOR EMPLOYMENT

NOTE: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered.
PLEASE PRINT EXCEPT FOR SIGNATURE ON BACK.

Job applied for _____ Today's date _____

Name _____ Phone number _____

Address _____

Are you 18-70 years of age _____ Social Security Number _____

Were you ever employed here? yes no If yes, when? _____

Have you ever applied here? yes no If yes, when? _____

Number of days work missed in the last 6 months _____

Have you ever been convicted of any crime against a child? Yes No If yes, explain _____

Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of a child? yes no
If yes, explain _____

EDUCATION: (Give name, address, location, highest grade completed, date of leaving)

High School or GED _____

College or University _____
College Major _____ Degree _____

Advanced degree or course work _____

Additional Educational, Vocational, Technical Training information _____

HEALTH: Do you have any physical limitations which would give you problems in performing this job? Yes No

If yes, explain _____

Would you take a physical examination, if required? Yes No

REFERENCES: Names, complete address, phone numbers of three people (no relatives or former employers) we may contact about you.

WORK HISTORY: Please attach a resume or list below all present and past employment, beginning with most recent, covering all periods of time. If self-employed, supply business references. PLEASE GIVE MONTH AND YEAR.

EMPLOYERS NAME ADDRESS & PHONE #	FROM/TO	DUTIES	LAST SUPERVISOR	REASON FOR LEAVING
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(Continue on a sheet of blank paper if you don't have enough room to list your employers for the past six years)

Are you now or do you expect to be engaged in any other business or employment? If yes, explain

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record: _____

Do you have any physical or mental condition that would prevent you from working with children? If yes, explain _____

NARRATIVE:

Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

AFFIDAVIT: I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualifications, hereby releasing them from all liability for issuing such information.

Signature _____ Date _____

Date Employed _____ Date of Separation _____