

PERSONAL INFORMATION

Name(Last)	(First)	(Middle)	Social Security No.			Date
Home Address		City	State		Zip	
Home Telephone		Business Telephone		Cell Phone		
Position Applying for:	Day:	Mon.	Tues.	Wed.	Thurs.	Fri.
Date Available:	From:					
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	To:					
If you are under 18 years of age, please state your date of birth (no one under 16 may be hired)						
Have you ever been convicted of misdemeanor or felony? If yes please explain:						
How were you Referred? Parent referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>						
Are you a veteran of the U.S Military services? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you have any physical condition which may limit your ability to perform the job you applied for?						

EDUCATION

Type of school	Name	State	Degree	Graduated Yes/No
High School				
College				
Graduate School				
Other				

Workshops or Courses taken that would aid you in the position you are seeking:

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List any medical training/courses you completed:

	CPR CLASSES	1st AID CLASSES
Dates		

EMPLOYMENT HISTORY

Dates	Name, Phone & Address of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

(Do not list relatives) (Please indicate if you were employed under a different name)			
Name	Address	Phone #	Title
1			
2			
3			

READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS APPLICATION.

1. The information I am presenting in this application is complete, true and to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. If employed, I agree to abide by the rules and regulations of Parker Landing Child Development Center. I understand that my employment with Parker Landing Child Development Center is voluntarily entered into and I am free to resign at any time. I understand that I will be an employee at will and that my employment may be terminated at any time with or without notice, for any reason.

APPLICANT'S SIGNATURE: _____ DATE: _____