

APPLICATION FOR EMPLOYMENT



PLEASE PRINT

Last Name

First Name

Middle Initial

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Applied For \_\_\_\_\_ Class Age Group Preferred \_\_\_\_\_

# Hours per Week Desired \_\_\_\_\_

Have you ever been accused of any form of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Have you ever been discharged or forced to resign from a position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

The position applied for may, from time to time, be physically and emotionally demanding. Do you have any present physical or emotional conditions or other disabilities which prohibit you from performing your normal duties or have you ever sustained an injury which prevented you from continuing your employment, or required you to function in another job or modified your existing job?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe in full: \_\_\_\_\_

Explain briefly why you want to work for Fire House Kids Christian Childcare Center \_\_\_\_\_

Are there any experiences, skills or training which you feel would qualify you for work with Fire House Kids Christian Childcare Center?

**EDUCATION**

High School	Name		Dates Attended: From: To:
	Location		Graduation Date (or Highest Class)
University Undergrad	Name		Dates Attended: From: To:
	Location		Graduation Date (or Highest Class)
Transcript Required	Degree or Certificate	Courses	Hours Completed
University Graduate	Name		Dates Attended: From: To:
	Location		Graduation Date (or Highest Class)
Transcript Required	Degree or Certificate	Courses	Hours Completed
Other Trade, Technical or Military	Name		Dates Attended: From: To:
	Location		Graduation Date (or Highest Class)
	Degree or Certificate	Courses	Hours Completed

**EXPERIENCE (Start with most recent Employer) -- May we contact your current employer? Yes No**

Company Name	Position Held	Address	Phone No.
Responsibilities		Dates Employed	From: To:
Reason For Leaving	Name of Supervisor	Salary:	Start: End:
Company Name	Position Held	Address	Phone No.
Responsibilities		Dates Employed	From: To:
Reason For Leaving	Name of Supervisor	Salary:	Start: End:
Company Name	Position Held	Address	Phone No.
Responsibilities		Dates Employed	From: To:
Reason For Leaving	Name of Supervisor	Salary:	Start: End:
Company Name	Position Held	Address	Phone No.
Responsibilities		Dates Employed	From: To:
Reason For Leaving	Name of Supervisor	Salary:	Start: End:

**REFERENCES (Business/Professional Other Than Former Supervisors) --THESE PEOPLE MAY BE CONTACTED**

Name	Address/Zip	Phone #	Relationship