

Application for Employment

Name (Last name first) _____ Date _____

Address _____

Social Security Number _____ Home Phone _____

Cell Phone _____ Email Address _____

Other numbers where you might be reached

Special Purpose Questions

Are you prevented from becoming lawfully employed in the United States? _____

Have you been convicted of a felony? _____

If so, please explain. _____

Do you have any mental or physical disabilities which might prevent you from doing the type of work for which you are being considered? _____ Yes _____ No. If yes, please describe the limitation and what might be done to accommodate it. _____

Education

| School | # of years Attended | Name of School | City | Course of Study | Did you Graduate? |
|---------------|------------------------|----------------|------|--------------------|----------------------|
| Middle School | | | | | |
| High | | | | | |
| College | | | | | |
| Other | | | | | |

Job Experience

List most recent first

| Name and Address of Company & Phone Number | Dates | | Duties | Starting Salary | Final Salary | Reason for Leaving |
|---|-------|----|--------|--------------------|-----------------|--------------------|
| | From | To | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Any other experience which may be related to the job for which you are applying? _____

Personal References – Please do not list anyone who is related

| Name | Address | Occupation | Telephone Number |
|------|---------|------------|------------------|
| | | | |
| | | | |
| | | | |

Are you a smoker or non-smoker? _____

Do you have any tattoos that will be visible when wearing short sleeves and pants/capris?

If yes: Please describe tattoo(s) and location(s):

If hired, would you be willing to cover the tattoos if necessary? _____

Are you currently certified in infant/child CPR? _____ Expires _____

Are you currently certified in infant/child first aid? _____ Expires _____

Are you current on a TB skin test _____ Expires _____

Do you have a food handlers card _____ Expires _____

What age group of children do you prefer working with the most?

What position are you applying for? Please circle.

1. Assistant Teacher

2. Lead Teacher

3. Cook

4. Director

5. Assistant Director

6. Substitute Teacher

Write a description about why you want to work here and why you think you would be qualified for this position?

Are you wanting to work full-time, part-time or both? _____

Have you lived in another state other than Kentucky in the last 5 years? If so, what states?

Please circle all days that you are able to work and write the times you are available each day under them.

Monday Tuesday Wednesday Thursday Friday