

Kid's Educational Center Inc.

Application for Employment

(Fully Complete All of the Form)



Social Security Number Last Name First Name Middle Name

Address (street number & name) City County

State Zip Code Phone Number 1 Phone Number 2

Position Applied For: Desired Pay Rate:

Date of Birthday: Driver's License Number: State Issued in:

Email Address:

How did you hear about us?

Have you ever been convicted of breaking the law other than minor traffic violation? (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) Yes No

If yes, give the date and explain fully below.

EDUCATION

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name & Location	Dates Attended	Course of Study	Degree/Diploma
High School	<input type="text"/>			
	<input type="text"/>			
College or University	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Graduate or Professional	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Educational, Vocational Schools, etc.	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

Child care training you have completed in the last three years (such as first aid, CPR, CDA, etc.):

References

List the names, addresses, and phone number of two people we may contact as references:

1)

2)

(List child care/early childhood experience first. Also include volunteer experience)

Current or Last Employer

Job Title

Date Employed(mo/yr)

Starting Salary

Date Separated (mo/yr)

Address

Supervisor's Name

Employer Phone #

You Supervised

Ending Salary

 per

Reason for Leaving

May We Contact Employer?

Yes No

Full Time years months

Part Time years months

If part time, number of hours per week

Duties

(List child care/early childhood experience first. Also include volunteer experience)

Current or Last Employer <input type="text"/> Job Title <input type="text"/> Date Employed(mo/yr) Starting Salary <input type="text"/> Date Separated (mo/yr) <input type="text"/>	Address <input type="text"/> Supervisor's Name Employer Phone # # You Supervised <input type="text"/> <input type="text"/> <input type="text"/> Ending Salary Reason for Leaving May We Contact Employer? <input type="text"/> per <input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No
Full Time <input type="text"/> years <input type="text"/> months Part Time <input type="text"/> years <input type="text"/> months If part time, number of hours per week <input type="text"/>	Duties <input type="text"/>

(List child care/early childhood experience first. Also include volunteer experience)

Current or Last Employer <input type="text"/> Job Title <input type="text"/> Date Employed(mo/yr) Starting Salary <input type="text"/> Date Separated (mo/yr) <input type="text"/>	Address <input type="text"/> Supervisor's Name Employer Phone # # You Supervised <input type="text"/> <input type="text"/> <input type="text"/> Ending Salary Reason for Leaving May We Contact Employer? <input type="text"/> per <input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No
Full Time <input type="text"/> years <input type="text"/> months Part Time <input type="text"/> years <input type="text"/> months If part time, number of hours per week <input type="text"/>	Duties <input type="text"/>

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date: _____