

EXPERIENCE

May we contact your current employer? Yes No

1. Job Title _____ Duties: _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hrs/wk _____
 Number and titles of employee you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

2. Job Title _____ Duties: _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hrs/wk _____
 Number and titles of employee you supervised _____
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 Your name if different from present _____

3. Job Title _____ Duties: _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hrs/wk _____
 Number and titles of employee you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

4. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

5. License (include driver's), certificate or other authorization to practice a trade or profession.

	Type	License #	Expiration Date	Granted by
1.				
2.				
3.				

REFERENCES

List names, addresses and relationships of three persons not related to you or former employers who know your qualifications:

	Name	Address	Phone	Relationship
1.				
2.				
3.				

Employment Desired

Are you seeking Full-time Part-time Temporary or summer employment?

Position Applied for _____ Salary Desired _____

Date Available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If you answer to either of the above questions is Yes, state when and where you applied and/or worked _____

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work _____

Capability/Reliability

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

DO YOU HAVE THE ABILITY, WITH OR WITHOUT REASONABLE ACCOMADATIONS, TO WORK OVERTIME OR TO TRAVEL AND/OR OVERTIME ARE REQUIRED BY THE JOB FOR WHICH YOU ARE APPLYING? Yes No

Supplemental Employment Information

Have you ever been fired, or asked to resign, from a job? Yes No If yes, please explain _____

Have you ever been disciplined or received verbal or writing warnings for absenteeism or tardiness? Yes No
If yes, please explain _____

MISCELLANEOUS

Have you had any moving violations within the past five years? Yes No

Have you been convicted of a DUI or DWI? Yes No

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor in the last five years? Yes No

Do you presently have charges pending against you for a felony or misdemeanor? Yes No

If you answered "yes" to any of the 5 questions above, please explain below:

EMERGENCY INFORMATION- PLEASE LIST AN ALTERNATE PHONE NUMBER TO YOUR HOME NUMBER

Emergency Contact Name _____ Relationship _____ Phone # _____

CERTIFICATION – Each Application Requires Current Date and Original Signature

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Pusch Ridge Preschool & Kindergarten to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my rights to bring any cause or action against these individuals for defamation, invasion or privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Pusch Ridge Preschool & Kindergarten. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Pusch Ridge Preschool & Kindergarten is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Applicant Signature: _____

Date: _____