



The Stork's Nest Child Academy Application for Employment**Equal Opportunity Employer

Full Name	Date
Street Address	Home Phone
Town/ City, State, Zip Code	Business or Cell Phone
Have you ever applied for employment with us? If yes: _____ Center? _____ Month & Year	Social Security Number
Position Desired	Rate of Pay Expected
Location Preferred	Available Start Date
Date of Last Physical Exam:	Primary Language Spoken

Are you willing to float between schools to obtain full time status? YES NO
If hired, is there anything that would prevent you from reporting to work each day on time to perform your job duties?
Are you willing to work overtime if necessary? YES NO
Please list any hours that you are not able to work: _____
Amount of Hours per week: _____ Please circle one Full Time Part Time

EDUCATION

Level	School/ Branch	Course of Study	Highest Grade Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Trade School					
Military					

Certificate, License or credentials that qualify you for this position?

List any Early childhood courses, workshops, seminars or volunteer work related to this field: _____

List any special skills/ talents: _____

Have you ever been convicted of a crime? _____ When? _____
 Where? _____ Why? _____
 Outcome? _____
 Have you ever been injured on the job? _____ If yes, explain _____

Employment History

**Please give accurate, complete full and part time employment beginning with most recent.
 Do not indicate "see resume".**

Company Name & Address	Phone #
Position: "Weekly Pay: Start End	Dates of Employment: From: To:
Job Duties	Reason for leaving:
May we contact this employer? Yes No If no, why not?	Supervisor's Name
Company Name & Address	Phone #
Position: "Weekly Pay: Start End	Dates of Employment: From: To:
Job Duties	Reason for leaving:
May we contact this employer? Yes No If no, why not?	Supervisor's Name
Company Name & Address	Phone #
Position: "Weekly Pay: Start End	Dates of Employment: From: To:
Job Duties	Reason for leaving:
May we contact this employer? Yes No If no, why not?	Supervisor's Name

References: (List two professional & one personal)

Name	Address	Title	Phone #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or

otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature _____ Date _____