

Application for Employment

A Child's Place, Inc.

Personal Data

Date	Date of Birth	Social Security Number	
Last Name		First Name	Middle Initial
Home Phone		Cell Phone	
Home Address			
City		State	Zip Code
Email Address			
School Address (when living away for school)			
City		State	Zip Code
If employed, can you provide proof of U.S. Citizenship? ____ Yes ____ No ____ N/A			
Position(s) applied for			
Referred by			

Education Record

High School	
Address	Dates Attended
Degrees or Diplomas	
College/University	
Address	Dates Attended
Degrees or Diploma	
Trade or Technical School	
Address	Dates Attended
Degrees or Diplomas	

Military Service

Branch of Service	Dates of Service
Duties/Special Training	

Employment History

Begin with most recent employer. Attach an additional sheet if needed.

Employer 1

Dates of Employment

Address

City

State

Zip Code

Phone

Beginning Salary

Ending Salary

Position/Duties

Manager's Name

Employer 2

Dates of Employment

Address

City

State

Zip Code

Phone

Beginning Salary

Ending Salary

Position/Duties

Manager's Name

Employer 3

Dates of Employment

Address

City

State

Zip Code

Phone

Beginning Salary

Ending Salary

Position/Duties

Manager's Name

Have you ever been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. ____ Yes ____ No

Explain

Do you have any physical or mental disabilities that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

References

List three professional references that are familiar with the quality of your work, have worked directly with, and have known you at least two years.

Reference 1

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

Reference 2

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

Reference 3

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

Additional Employment Information

The additional information contained on this form will provide A Child's Place, Inc. with information necessary to screen its applicants and assist in matching applicants available employment positions.

Are you interested in full or part time employment?

Full

Part

Below are some samples of shifts that may be available. Please circle any shift you may be interested in.

7 AM – 3 PM

7:30 AM – 3:30 PM

8 AM – 4 PM

8:30 AM – 4:30 PM

9 AM – 5 PM

9:30 AM – 5:30 PM

10:00 AM – 6:00 PM

Split

Working Hours Desired

Age Group Experience

What age groups have you had experience working with?

2 year olds

4 year olds

3 year olds

5 year olds and older

What age group do you prefer to work with?

Final Statement

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for, refusal of, or if employed, termination of employment.
2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
4. I further understand that this is an application for employment and that **no employment contract** is being offered.
5. I understand that if I am employed, such employment is for an indefinite period of time and that the Company can change wages, benefits, and conditions at any time.
6. I authorize the school to conduct a criminal records check. I understand and agree to that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or to reflect adversely on the school or on me as a role model.

I have read and understand the above.

Signature

Date