



SPEC

Application for Employment (Fully Complete All of the Form)



Social Security Number	Last Name	First Name	Middle Name
Address (street number and name)		City	County
State	Zip Code	Phone 1	Phone 2
Position Applied For:			
Date of Birth:		Driver's License Number:	State Issued In:
Email Address			
<p>How did you hear about us?</p> <p>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.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give the date and explain fully below.</p>			

EDUCATION													
Select the highest grade completed:													
High School	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> GED
College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4									

Schools	Name and Location	Dates Attended	Course of Study	Degree/Diploma
High School		to		
		to		
College or University		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocational Schools, Etc.		to		
		to		
		to		
		to		

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 numbers 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		Address		
Job Title		Supervisor's Name	Employer Phone #	# You Supervised
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)		Duties		
Full Time	Years Months			
Part Time	Years Months			
If part time, number of hours per week				

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

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

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: