

Application for Employment



Date received: _____
For office use only

1. Position applied for _____ 2. Location _____

3. Social Security No. _____
 (Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle 6. Home Phone _____

5. Address _____
Number and Street 7. Business Phone _____

City State Zip

8. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ___Yes ___No Date Received _____

c. Check number of years of post high school education 1 2 3 4 5 6 7

		Degree			Dates
Name and Location of Institution	Hrs	Received	Major or Specialty	Minor	Attended

- _____
- _____
- _____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** - Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ___Yes ___No

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

 _____ Phone _____
 Type of Business _____
 Immediate supervisor _____
 Title: _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time ___ Part-time ___ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

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

 _____ Phone _____
 Type of Business _____
 Immediate supervisor _____
 Title: _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time ___ Part-time ___ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Application for Employment (cont)



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

10. REFERENCES

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

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

11. MISCELLANEOUS

- a. Check all applicable types of employment desired: Full-time (40 hr/wk) Part-time Seasonal Year-round
- b. What age group do you prefer to work with? _____
- c. Are you willing to drive a Tuckaway van? Yes No
- d. What is your swimming ability? _____
- e. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? Yes No. If yes, list all and explain: _____

12. PERSONAL VIEWPOINT

- a. List below why you desire working within a child care center. Include any special qualifications you have that would lend in working with children:
- b. How would you handle a discipline problem?
- c. What do you like best about yourself?
- d. Give a sample of what your daily lesson plan would include (specify age group)

13. When will you be available to start work? _____ Month _____ Day _____ Year.

14. CERTIFICATION-Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with Tuckaway. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Tuckaway to rely upon and use as it sees fit any information received from such contacts.

Date _____ Applicant Signature _____

THIS APPLICATION BECOMES VOID 3 (THREE) MONTHS FROM RECEIPT.

Employees of Tuckaway and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex or age.

Application for Employment (cont)



Supplementary Experience Form

- Job Title _____ Duties: _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate supervisor _____
Title: _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____
- Job Title _____ Duties: _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate supervisor _____
Title: _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____
- Job Title _____ Duties: _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate supervisor _____
Title: _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____
- Job Title _____ Duties: _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate supervisor _____
Title: _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____