



## **BACKGROUND**

Full Name:		
Address:		
City:	State:	Zip:
Phones:	Email:	
Social Security Num.:	Date of Birth: _	
Emergency Contact (Name):	F	Phone:
Are you legally entitled to work in the United Sta	ates?	☐ No
Have you ever been convicted of a felony?	☐ Yes	□ No
If yes, explain:		<del></del>
Are you 18 years old or older?	☐ Yes	☐ No
If not, please give your date of birth:		
What position are you applying for?		
If you are hired, when can you start work?		
EDUCATION		
High School		
Name of School:		
Location:		
Number of years attended:		
Did you graduate? Yes No. Date of	graduation:	
Trade School		
Name of School:		
Location:		
Number of years attended:		

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Did you graduate? 🗌 Yes	$\square$ No. Date of graduation:	
College		
Name of School:		
	☐ No. Date of graduation:	
What degree did you earn?	· <del></del>	
Graduate		
Name of School:		
Did you graduate? ☐ Yes	☐ No. Date of graduation:	
What degree did you earn?		
EMPLOYMENT HISTOR	Υ	
Employer 1		
	State:	
	Supervisor:	
Job Title:	·	
Duties:		
Dates of Employment:		
Reason for Leaving:		
Employer 2		
Employer:		
City:		Zip:
	Supervisor:	

Duties:			
Dates of Employment: _			
Reason for Leaving:			
mployer 3			
Employer:			
	State:		
Telephone:	Supervisor:		
Job Title:			
Dates of Employment:			
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ease provide the names of the the names	of two references that are <u>not related</u> to	Zip:	
ease provide the names of eference 1  Name: Address: City: Phone:	of two references that are <u>not related</u> to	Zip:	
ease provide the names of eference 1  Name: Address: City: Phone: eference 2	of two references that are <u>not related</u> to	Zip:	
Phone:  Phone:  Name:  Name:  Name:  Name:	of two references that are <u>not related</u> to	Zip:	
ease provide the names of eference 1  Name:	of two references that are <u>not related</u> to	Zip:	

## **LETTERS OF RECOMMENDATION**

ADDITIONAL QUALTETCATIONS

Please attach two letters of recommendation **IN A SEALED ENVELOPE** from former employers who can attest to your suitability to work with children. Or you can ask them to send the recommendation by Email **FROM THEIR EMAIL**.

ADDITIONAL QUALITY	ICATIONS
Credentials and/or academic	achievements:
Hobbies or special interest: _	
Please tell us about any othe	r training, education, skills, or achievements that you feel should be
By signing this application, I	certify that all of the information on this application is correct and
complete. I understand that	if I am hired, any false or incomplete statements in this application
will be grounds for immediate	
J	
Applicant's Signature:	
Applicant's Name (print): _	
Date:	
Date:	