



APPLICATION FOR EMPLOYMENT

(Please read carefully and complete all questions)

Note: This is a *fillable document*. You can submit your answers in the fillable fields below.

To save all the entries on this application, make sure to select "Save As." Then, proceed to rename the document to fit your needs.

Name:

Position Desired:

Date:

BELONGING CHILDCARE CENTER is an equal opportunity employer. Belonging Childcare Center does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Last Name		First Name		Middle		Date	
Are you over 18 years of age?		Are You a U.S. Citizen? ___Yes ___No		___Male ___Female		Home Phone	
Address		City		State		Zip	
Mailing Address (If different from above)						Cell Phone	
Mailing Address (If different from above)						E-mail address	
Have you ever applied for or worked for the Belonging Childcare Center? ___Yes ___No							
Do you know anyone who works for our organization? ___Yes ___No If yes, who?							
How did you hear about us? ___ Walk In ___ Advertisement ___ Referral ___ Other							
Type of Position Desired: First Choice:				2nd Choice:			
Can you type? ___Yes ___No WPM___ Are you computer literate? ___Yes ___No In which programs?							
Do you want ___ Full time ___ Part time ___ Temp						Date you can start	
Salary Requirements							
Education		City/State	Major	Years completed		Date Grad.	Diploma/Degree/Certificate
High School				1 2 3 4			
College				1 2 3 4			
Graduate				1 2 3 4			
Post-Graduate				1 2 3 4			
Business				1 2 3 4			
Vocational				1 2 3 4			
GED Date Received		Are you planning to return to school? _____ If yes, when?					
Are you a veteran? ___Yes ___No		Which branch?					
Are you at least 18 years old? ___ Yes ___ No (If no, you may be required to provide authorization to work)							
Do you have any problems which may hinder your job performance? _____ If yes, explain:							

Are you currently employed? ___Yes ___No If so, may we contact your present employer? ___Yes ___No

Employment History:

Start with last employer and list all including part-time, summer and temporary:



Name	From: Mo/Yr	To: Mo/Yr		Title & Duties	Reason for Leaving
Address					
City, State, Zip	Name of Supervisor	Phone #			
Name	From: Mo/Yr	To: Mo/Yr		Title & Duties	Reason for Leaving
Address					
City, State, Zip	Name of Supervisor	Phone #			
Name	From: Mo/Yr	To: Mo/Yr		Title & Duties	Reason for Leaving
Address					
City, State, Zip	Name of Supervisor	Phone #			
Name	From: Mo/Yr	To: Mo/Yr		Title & Duties	Reason for Leaving
Address					
City, State, Zip	Name of Supervisor	Phone #			

Signature: _____

Date: _____