



EMPLOYMENT APPLICATION

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Available Hours									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony, been involved with a child abuse or neglect court action, or official investigation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have any physical, mental or medical impairment or disability that would limit your ability to stand for long periods, kneel, sit on the floor or pick up and carry small children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
DEGREE OR COURSES TAKEN									
45 HR Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CDA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
CPR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	First Aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you plan to further your early childhood Education? What plans do you have?									
Why are you seeking a career in childcare?									
EDUCATION									
High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					

From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
PREVIOUS EMPLOYMENT									
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary		\$	Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary		\$	Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary		\$	Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Please complete this application and send or deliver to:

All Aboard Preschool
1918 SE Santa Barbara Place
Cape Coral, FL 33990

For more information call: 239-574-5220