



Live green, grow bright...one little star at a time!™

Application for Employment

GENERAL INFORMATION

Date: ____/____/____

Name of Applicant: _____
Last First Middle or Maiden

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security # _____ - _____ - _____

Citizenship: USA _____ Other: _____

Position: _____ FT / PT Center Location: _____

Date You Can Begin Work: ____/____/____ May We Contact Your Present Employer? Yes / No

RECORD OF EDUCATION

	School Name & Address	Years Attended	Completed	List Diploma / Degree
High School	_____	_____ to _____	_____	_____

College	_____	_____ to _____	_____	_____

Other	_____	_____ to _____	_____	_____

PAST EMPLOYMENT

Please list below all present and past employment beginning with the most recent.

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

ORGANIZATIONS/ COMMUNITY INVOLVEMENT

List all professional and community organizations with which you are affiliated. Indicate if you hold an office in the organization.

Organization	Length of Affiliation	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that by filling out this application it does not assure me a job interview. I authorize investigation of all statements contained in this application. I understand that if any of the statements I have made are proved to be untrue, this is grounds for immediate termination. My signature certifies that I have read and completed this application without assistance and that the statements I have made herein are true.

Signature: _____ Date: _____

REFERENCES

Please list three non-related references.

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

ALL ABOUT ME

Please share with us your educational philosophy.

What do you feel most qualifies you for this position?

What are your professional goals?

What do you want most out of this position?