

Growing Kids Learning Center Application for Employment

Name:		Toda	Today's Date: Phone #: Social Sec. #:					
Address:		Phon						
City, State, Zip:		Socia						
Employment Des	sired							
Type of Position: Teaching Cooking Other								
Length of Position: Date Available to Start: Notes/Comments:	Full Time	Part Time 	Substitute Pay Requeste	ostitute Temporary / Seasonal equested:				
How did you learn of th Advertisen Referred b Walk In or	nent, which one: oy Friend or Relative _							
Have you ever applied	to this company befor	e?YesNo.	If	so, When?				
Do you have a dependa	able means of transpo	_	Yes No					
Have you been convict A <i>conviction will not ne</i> If yes, please explain a	cessarily disqualify an	applicant from emp		Yes N	lo			
Are you older than 18 y	ears of age?	_	YesNo					
Are you legally eligible	for employment in this	_	Yes No					
part of the applic	need about 45 minutes ation now. If you choo t will be considered ind	s to answer all the observations and to complete	questions. Please of the Assessment, w	complete the As	sessment			
Educational Bac		Jama	No of Voors	Did you	Course of Chudy			
	School N (include City		No. of Years Attended	Did you Graduate?	Course of Study or Major			
High School								
College								
Other								



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Employment History – Please start with the most recent employment

Employment motory Thease sta	irt with the most	. recent	Citipicyiii	ioni					
Employer		City/State			Phone				
Job Title			Supervis	sor					
Dates Worked: From: T	To:		Hourly F	Pay: Starting:		Ending:			
Currently Employed Here? Yes No			May we	contact this emp	oloyer?	Yes	No		
Reason for Leaving?		•							
Employer		City/St	ate		Phone	!			
Job Title			Supervi	isor	1				
Dates Worked: From: To:			Hourly Pay: Starting:				Ending:		
Currently Employed Here? Yes No			May we contact this emp			loyer? Yes No			
Reason for Leaving?									
Employer		City/S	tate		Phor	ne			
Job Title			Superv	isor					
Dates Worked: From: To:			Hourly Pay: Starting: Ending:						
Currently Employed Here? Yes No			May we contact this employer?YesNo						
Reason for Leaving?									
References – No relatives please.									
Name	Phone			Relationship		Y	ears Known		
certify that all the information I have provided in ord understand that any information provided by me that cancel further consideration of this application, (ii) in expressly authorize, without reservation, the employersonal and professional), employers, public agent formation provided by me in this application, resum the agents, employees or representatives, for seeking corporations or organizations for furnishing such information in the properties of the properties and the properties and the properties are the properties and the properties and the properties are the contrary and the properties and the properties and the properties and the properties are in writing and signed by the employed certify that I have read, fully under	at is found to be false amediately discharge byer, its representation cies, licensing authories, licensing authories, or job interview. It is gathering, and usur promation about me. any time, with or without prior notice, fied period or definite and that no implied, er's president.	se, incomple me from ves, emplorities and I hereby without prior except as the duration or all or wr	olete, or mis in the emplo oyees or ag I education, waive any a information or notice, and may be re- in. I understa itten agreen	srepresented in any pyer's service, whene gents to contact and all institutions and to and all rights and clain the employment put the employer reserquired by law. This a and that no supervisiments contrary to the	respect, will ever it is dis obtain infor otherwise v ms I may h process and ves the sar pplication of or or represe foregoing	I be sufficie covered. mation fror verify the ad ave regardi d all other p me right to a does not co sentative of express lar	ent cause to (i) In all references couracy of all the ing the employer, ersons, terminate my nstitute an the employer is		
		-		_					
Signature of Applicant:					L	วลเษ			