EXCEPTIONAL HOMES

Employment Application

Position: _____ Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Looking For (check all that apply): ☐ Full time ☐ Part time ☐ Temporary ☐ On Call

Availability:

- ☐ Monday, From _____ to _____
- ☐ Tuesday, From _____ to _____
- ☐ Wednesday, From _____ to _____
- ☐ Thursday, From _____ to _____
- ☐ Friday, From _____ to _____
- ☐ Saturday, From _____ to _____

Valid Driver's License? ☐ Yes ☐ No Driver's License #: _____

18 years of age or older? ☐ Yes ☐ No

Date of Birth: _____

I am a citizen and can lawfully work in the United States: ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No Date: _____

Nature of Offense: _____

Ever served in the armed forces?: ☐ Yes ☐ No If yes, list discharge date: _____

Education

High School: _____ City: _____ State: _____

Telephone: _____

College: _____ City: _____ State: _____

Telephone: _____

Level Completed: _____

Please list any special skills, qualifications, volunteer work, etc that Is related to child care and that you wish to be considered when your application is reviewed:

_____

_____

_____

Previous Work Experience (please list last three employers):

Company Name: _____ Phone: _____
Employment Start Date: _____ End Date: _____
Position: _____ Supervisor: _____
Duties Performed: _____
Reason for Leaving: _____

Company Name: _____ Phone: _____
Employment Start Date: _____ End Date: _____
Position: _____ Supervisor: _____
Duties Performed: _____
Reason for Leaving: _____

Company Name: _____ Phone: _____
Employment Start Date: _____ End Date: _____
Position: _____ Supervisor: _____
Duties Performed: _____
Reason for Leaving: _____

References (list three)

Name: _____ City: _____ State: _____
Telephone Number: _____ Years Known: _____

Name: _____ City: _____ State: _____
Telephone Number: _____ Years Known: _____

Name: _____ City: _____ State: _____
Telephone Number: _____ Years Known: _____

Emergency Contact Name: _____ Phone#: _____
Address: Relation to You: _____

By signing this application I confirm all information on this application is true to the best of my knowledge.

Applicant Signature: _____ **Date:** _____