

Application for Em	pioyment						
PERSONAL INFORMATION:	Today's Date:						
Name: So	cial Security #						
Address:							
Sex: FM Date of Birth:/ _/ Home Phone #	Cell Phone#						
Are you 18 years or older? YN Are you either a US Citizen	or an Alien authorized to work in the US? YN						
Have you ever been charged with a felony? NY If yes, please explain:							
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EMPLOYMENT DESIRED:	, , , , , , , , , , , , , , , , , , ,						
AdministrationLead Teacher	Assistant Teacher						
Full TimePart TimeSummer							
Age Group Preferred:1yr2yr3yr	Elementary						
Date you can start: Salary desired:	_ Hours desired;						
Are you currently employed? YN May we contact your present employer? YN							
Have you ever applied to this company before? Where?	When?						
LIST APPROPRAITE EDUCATION:							
High School Graduate or Equivalency Name of High	School:						
Vocation Certificate Name of School	ol:						
College Degree2yr4yr Type of Degree							
Name of Univer	sity/College:						
EDUCATIONAL IN-SERVICE COMPLETED:							
40Hours CompletedVPK Standards Completed	Emergent Literacy for VPK Instructors						
CDA/EquivalentDirectors CredentialsCDL	Early Literacy for Children Age Birth to Three						

## **EQUAL OPPORTUNITY EMPLOYER**

We do not discriminate against race, color, religion, sex, and/or national origin

**Riverbend Learning Center** 

2235 Veteran's Memorial Parkway

Port St Lucie, Fl. 34952

Please list other training, special studies, and certificates you may obtained:					
List any professional, civic, and community organizations which you belong to that are relevant to the position you are applying for:					
What qualifications, abilities, and attributes do you feel most qualifies you for the position for which you are applying?					
Describe your educational philosophy for pre-school children:					
What are your professional goals:					
Describe why you are interested in working for Riverbend Learning Center:					

Dates (From/To-Mo/Yr.)Company Name:	Phone#
Contact Name:	
Salary:Position:	
Leaving	
Dates (From/To-Mo/Yr.)Company Name:	Phone#
Contact Name:	
Salary:Position:	
Leaving	
Dates (From/To-Mo/Yr.)Company Name:	Phone#
Contact Name:	
Salary:Position:	Reason for
Leaving	
physical limitations that may prevent you from performing the	to walk, run, sit, stand, bend, jump, and lift 30lbs. Do you have any e job for which you are being hired? YN If yes, please
physical limitations that may prevent you from performing the describe those limitations:	
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