

FORMATIVE YEARS

GROWING AND LEARNING CENTER

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 | | | | | |
| Hours per week | | | | Days Available | | | | Hours per Day | | | | | |
| Position Applied for | | | | | | | | | | | | | |
| 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? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, explain | | | | | |
| 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"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

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

I grant Formative Years GLC permission to investigate my education, employment and professional activities and grant permission for other parties to supply this information.

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 |
|-----------|------|