

123 Child Development Center
3900 Las Estancias Ct SW Albuquerque NM 87121
505-582-2859
EMPLOYMENT APPLICATION

INSTRUCTIONS: PRINT CLEARLY IN BLACK OR BLUE INK. ANSWER ALL QUESTIONS. SIGN AND DATE THE FORM.

PERSONAL INFORMATION:

LAST NAME FIRST NAME MIDDLE

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

IF YOU ARE UNDER AGE 18, DO YOU HAVE AN EMPLOYMENT/AGE CERTIFICATE?
YES _____ NO _____

HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY WITHIN THE LAST FIVE YEARS? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

POSITION/AVAILABILITY:

POSITION APPLIED FOR _____

DAYS/HOURS AVAILABLE

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY_CLOSED (One Saturday every other month to organize in detail)
SUNDAY_CLOSED.

HOURS AVAILABLE: FROM _____ am/pm TO _____ am/pm.

WHAT DATE ARE YOU AVAILABLE TO START WORK? _____

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EDUCATION:

NAME AND ADDRESS OF SCHOOL	DEGREE/DIPLOMA	GRADUATION DATE
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SKILLS AND QUALIFICATIONS: LICENSES, SKILLS, TRAINING, AWARDS ...ETC WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION:

EMPLOYMENT HISTORY:

PRESENT OR LAST POSITION:

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION TITLE: _____ FROM: _____ TO: _____
 MONTH/YEAR MONTH/YEAR

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

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PREVIOUS POSITION:

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION TITLE: _____ FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES _____ NO _____ IF NO, PLEASE XPLAIN _____

REFERENCES:

NAME/ADDRESS/ PHONE

USE ONLY_ 123 Child Development Center
VERIFY BY _____ DATE _____
COMMENTS _____

I CERTIFY THAT INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR NOT HIRING ME OR FOR IMMEDIATE TERMINATION OF EMPLOYMENT AT ANY POINT IN THE FUTURE IF I AM HIRED. I AUTHORIZE THE VERIFICATION OF ANY OR ALL INFORMATION LISTED ABOVE.

SIGNATURE _____ DATE _____