

WIGGLE WORM STEMS TECH ACADEMY

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Date of Birth		Desired Salary
Position Applied for			
Are you 18 years of age or older?		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 been convicted of a crime?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Have Child Protective Services ever investigated you about your appropriateness to work with children?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
List any other licenses, certificates, or courses taken which may pertain to the position you are applying for:			

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
First Aid Certification?	YES <input type="checkbox"/> NO <input type="checkbox"/>	CPR Certification? YES <input type="checkbox"/> NO <input type="checkbox"/>	Bilingual YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what language?

POSITION PREFERENCES			
Position applying for:		Salary desired:	
Hours per week:	Full Time	Part Time	Days/Hours available to work?
Are you willing to work over time?		When can you start?	

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"/>				

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

DISCLAIMER AND SIGNATURE
<p><u>Your Center Name</u> is an equal opportunity employer. All hiring and employment at <u>Your Center Name</u>, is at will. Employment at <u>Your Center Name</u> has no specific term and may be terminated by the employee of <u>Your Center Name</u>, with or without notice. I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in my writing any offer of employment made to me may be withdrawn or my subsequent employment with <u>Your Center Name</u> may be terminated. I understand that I may be required to provide documentation for all certificates, transcripts, diplomas or other items listed on my application. In connection with my application for employment as a condition of continuing employment, I understand that a criminal background investigation will be conducted. I authorize <u>Your Center Name</u> to contact previous employers and references to verify any information stated on this application.</p>

Signature _____ Date _____