



**Symurff & Symurffette Early Childhood Enhancement Center**

[www.symurffandsymurffette.com](http://www.symurffandsymurffette.com)

**1-888-9-SYMURF**



**EMPLOYMENT APPLICATION**

**Today's Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**EMPLOYMENT DESIRED**

**Position:** \_\_\_\_\_

**Date you can start work:** \_\_\_\_\_

**Minimum acceptable salary:** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_

**If so, may we inquire of your present employer?** \_\_\_\_\_

**What prompted you to apply here?**  Advertisement  Own accord  Referred  Employee referral

**EDUCATION**

	Name and Location of School	# of years attended	Year Completed	Subjects Studied
High School				
College				

Graduate School				
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Are you planning to further your education:  No  Yes When \_\_\_\_\_

Other special training courses \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (List below your last four employers, starting with the most recent)

DATE (month and year)	Name & Phone Number of Employer and Supervisor	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best?

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What did you like most about this job?

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List any special talents or hobbies:

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What organizations do you belong to (Educational or Professional):

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What age group do you enjoy working with most?

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On which of the following do you have current training?

\_\_\_ CPR    \_\_\_ **Blood Born** Pathogen    \_\_\_ First Aid    \_\_\_ Food Handlers Permit

\_\_\_ HIV Training    Have you had a current TB test? \_\_\_ Date

What contributions could you bring to our program?

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**REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

**PROFESSIONAL REFERENCES**

Name	Phone	Years Acquainted

**PERSONAL REFERENCES**

Name	Phone	Years Acquainted

In case of emergency notify: \_\_\_\_\_  
Name Phone

Have you ever been convicted of a crime or felony? No Yes: \_\_\_\_\_

Do you object to being fingerprinted? No Yes

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's Director, and then only when in writing and signed by the Director, has any authority to enter into any agreement for employment for and specific period of time, or to make any agreement contrary to the foregoing.

Date \_\_\_\_\_ Signature \_\_\_\_\_