|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Requested Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |  |  |  |  |  |
| All applicants will be considered for employment without regard to race, religion, color, sex, national origin, | | | | | | | | |
| age, marital or veteran status, medical condition of handicap, or any other status protected by the law. | | | | | | | | |
| Creative Wonders Learning Center is and Equal Opportunity Employer. | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Position Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ | | | | | | | | |
| Name (Last, First, Middle) | | |  |  |  |  |  |  |
| Social Security Number | |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  | Zip Code |  |  |
| Home Phone ( ) | |  |  | Business Phone ( ) | | |  |  |
| Are you at least 18 years of age? Yes No | | | | |  |  |  |  |
| What is your date of availability? | | |  |  |  |  |  |  |
| If requesting part time, list days and hours available | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Education |  |  |  |  |  |  |  |  |
| Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | |  |  |  |
| Name and location of high school Year Graduated | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |
| If you did not complete high school, do you have a high school equivalency diploma? | | | | | | | |  |
| Circle number of years of education past high school 1 2 3 4 5 6 7 | | | | | |  |  |  |
| Name and location of school/college/university | | | |  |  |  |  |  |
| Date Attended Degree Received | | | | |  |  |  |  |
| If you expect to complete an educational program in the near future, please indicate what type of degree | | | | | | | | |
| or program and expected completion date. | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| First Aid Certification Yes No Expiration Date : | | | | | | | |  |
| CPR Certification Yes No Expiration Date: | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In narrative form, describe your special skills, talents, volunteer work or training that would help us | | | | | | | | |
| evaluate your application. | | |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| References | |  |  |  |  |  |  |  |
| List name, addresses, and relationships to you of three people (not related to you) whom we may contact | | | | | | | | |
| for information about your qualifications. | | | |  |  |  |  |  |
| Name/ Title | |  |  |  |  |  |  |  |
| Company |  |  |  |  | Work Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Relationship to you | |  |  |  |  |  |  |  |
| Name/ Title | |  |  |  |  |  |  |  |
| Company |  |  |  |  | Work Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Relationship to you | |  |  |  |  |  |  |  |
| Name/ Title | |  |  |  |  |  |  |  |
| Company |  |  |  |  | Work Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Relationship to you | |  |  |  |  |  |  |  |

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| Experience |  |  |  |  |  |  |  |  |
| Starting with your most recent job, describe all paid and military positions. Use additional pages as | | | | | | | | |
| necessary |  |  |  |  |  |  |  |  |
| Job Title |  |  |  |  | Salary |  |  |  |
| Employer |  |  |  |  | Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Type of Business | |  |  | Immediate Supervisor | |  |  |  |
| Dates of employment | |  |  | Hours per week | |  |  |  |
| Job Duties: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| May we contact this employer for a reference? | | | | Yes |  | No |  |  |
| Job Title |  |  |  |  | Salary |  |  |  |
| Employer |  |  |  |  | Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Type of Business | |  |  | Immediate Supervisor | |  |  |  |
| Dates of employment | |  |  | Hours per week | |  |  |  |
| Job Duties: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| May we contact this employer for a reference? | | | | Yes |  | No |  |  |
| Job Title |  |  |  |  | Salary |  |  |  |
| Employer |  |  |  |  | Phone ( ) | |  |  |
| Address |  |  |  |  |  |  |  |  |
| City |  |  |  | State |  |  | Zip |  |
| Type of Business | |  |  | Immediate Supervisor | |  |  |  |
| Dates of employment | |  |  | Hours per week | |  |  |  |
| Job Duties: |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| May we contact this employer for a reference? | | | | Yes |  | No |  |  |

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| Miscellaneous Data | |  |  |  |  |  |  |  |
| Have you ever been convicted of an offense (excluding minor traffic violations)? | | | | | | |  |  |
| If you are hired, you will be required to have a criminal records background check. | | | | | | |  |  |
| Is this acceptable to you? Yes No | | | | |  |  |  |  |
| Is there anything that would interfere with your ability to successfully perform the duties of this position? | | | | | | | | |
| Yes No | |  |  |  |  |  |  |  |
| If yes, please specify : | |  |  |  |  |  |  |  |
| List person to contact in case of emergency | | | |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |
| Phone ( ) | |  |  |  |  |  |  |  |
| Relationship | |  |  |  |  |  |  |  |
| Sworn Disclosure Statement | | | | | |  |  |  |
| I HAVE NOT been convicted of and I AM NOT the subject of pending charged for the following offenses: | | | | | | | | |
| murder; abduction of children for immoral purposes; sexual assault; pandering; crimes against nature | | | | | | | | |
| involving children; taking indecent liberties with children; abuse and neglect of children including | | | | | | | | |
| failure to secure medical attention for an injured child; obscenity offenses; abuse and neglect of | | | | | | | | |
| Incapacitated adults; within the commonwealth of any equivalent offense outside the Commonwealth. | | | | | | | | |
| Any person making a materially false statement regarding any such offense shall be guilty of a Class I | | | | | | | | |
| misdemeanor. | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Signature |  |  |  |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |
| The above information is true and complete to the best of my knowledge. Should I be employed by | | | | | | | | |
| Creative Wonders Learning Center, any misrepresentation or false statement made on this application may | | | | | | | | |
| be considered cause for dismissal. Creative Wonders Learning Center has my permission to obtain all | | | | | | | | |
| necessary information from the references I have listed concerning my prior employment. I release | | | | | | | | |
| all parties from any possible damages resulting from disclosing such information with or without | | | | | | | | |
| prior written notice from me. | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Applicant's Signature | |  |  |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | DO NOT WRITE BELOW THIS LINE | | |  |  |  |
| Accepted for employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Starting rate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Starting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Interviewed by?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Approved for hire by?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Notes:**