|  |  |
| --- | --- |
| 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: |   |

|  |
| --- |
| 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: |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| May we contact this employer for a reference? | Yes |   | No |   |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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:**