



EMPLOYMENT APPLICATION

Notice to Applicant: All information requested is relevant and important to making a hiring decision. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

We will verify the information you provide. Intentionally withholding or misrepresenting information could result in rejection for employment, or if employed, termination from the company.

In order to ensure orderly work and the safety of our employees and customers, Ashleys Private School strives to maintain a drug free work environment. APPLICANTS MAY BE REQUIRED TO SUBMIT TO URINE TESTING AT COMPANY DESIGNATED INTERVALS AS A CONDITION OF CONTINUED EMPLOYMENT.

(Please Print Clearly)

DATE: ____ / ____ / ____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SOCIAL SECURITY #: _____ - _____ - _____ DRIVER'S LICENSE #: _____

BIRTHDATE: _____ MARITAL STATUS: _____ CHILDREN / AGES: _____

SPOUSE / FATHER'S NAME: _____

PLACE OF EMPLOYMENT	ADDRESS	PHONE	LENGTH OF EMPLOYMENT

EDUCATION

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	LAST GRADE COMPLETED	COURSE OF STUDY	DATE LAST ATTENDED
High School					
Technical or Trade					
College					
College					

PREVIOUS WORK RECORD

MOST RECENT EMPLOYER:

From (mo/yr)	Employer	Position Held	Supervisor's Name	Phone Number
	Address	Duties	Starting Pay	Reasons for leaving. Explain
To (mo/yr)	City / State / Zip		Ending Pay	

NEXT MOST RECENT EMPLOYER:

From (mo/yr)	Employer	Position Held	Supervisor's Name	Phone Number
	Address	Duties	Starting Pay	Reasons for leaving. Explain
To (mo/yr)	City / State / Zip		Ending Pay	

HAVE YOU EVER WORKED IN A DAY SCHOOL BEFORE? _____

IF YES: _____
 NAME OF SCHOOL _____ POSITION _____

HAVE YOU EVER BEEN FIRED FROM A JOB? IF YES, EXPLAIN. _____

REFERENCES

- NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ PHONE: _____
- NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ PHONE: _____
- NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____ PHONE: _____

PERSONAL HEALTH

Please check any of the following physical defects or diseases that apply to you.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Defect | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Back Trouble | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Nervous Condition |
| <input type="checkbox"/> Tumor | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other: _____ | | |

List Types of Surgery:

MISCELLANEOUS

POSITION DESIRED AT ASHLEYS PRIVATE SCHOOL: _____

FULL-TIME PART-TIME HOURS PREFERRED: _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

DO YOU KNOW ANYONE WHO IS/WAS WORKING AT ASHLEYS PRIVATE SCHOOL? _____

NAME(S) _____

HAVE YOU HAD FIRST AID / C.P.R.? IF SO, WHEN? _____

ARE YOU ABLE TO CARE FOR A SICK CHILD? _____

PAYMENT RATE EXPECTED: _____ CAN YOU PERFORM HOUSEKEEPING DUTIES? _____

EXPLAIN BELOW WHY YOU DESIRE TO WORK AT ASHLEYS PRIVATE SCHOOL AND INCLUDE ANY SPECIAL QUALIFICATIONS YOU HAVE IN WORKING WITH CHILDREN.

I HAVE NEVER BEEN ARRESTED, CONVICTED, OR HELD ON SUSPICION OF A FELONY OR MISDEMEANOR, AND THERE ARE NO PENDING CHARGES OR INVESTIGATIONS.

SIGNATURE: _____ DATE: _____