EMPLOYMENT APPLICATION

Date: _____

APPLICANT INFORMATION

Full Name: _____
Last First Maiden/Middle

Address: _____
Street City Zip

Phone: _____ **Date of Birth**: _____

E-mail address: _____

Are you willing to complete 25 hours in-service training annually? _____

List age groups you have taught: _____

EDUCATION AND TRAINING

High School: _____
Name City, State Graduation Year

College: _____
Name City, State Major Graduation Year

Additional Training (Post Grad, First Aid, Infant/Child CPR, 45 Hour Training, FCCPC Certificate):

_____

_____

Professional Affiliations: _____

Position Desired: _____

Date Available: _____ **Availability**: ☐ Full Day ☐ Half Day

DRIVING EXPERIENCE

Have you driven a 15-passenger van? _____

Are you willing to drive a 15-passenger van? _____

Have you driven at least 5 years? _____

Have you received a citation (ticket) or moving violation in last 3 years? _____

If yes, please explain: _____

BACKGROUND CHECK

Have you been arrested under your current name or any other name? _____

Have you been accused of child abuse or any offense against a child?_____

All applicants are finger printed and must pass a Level 2 background check before being hired. Are you willing to undergo this check?_____

EMPLOYMENT HISTORY CHECK

List present and past employment in chronological order over the previous 5 years. Include gaps in employment with an explanation (student, stay at home parent, etc.).

1. **Employer Name** _____

   Job Title _____

   Supervisor Name _____

   Employer Address _____

   City, State, Zip _____

   Employer Phone _____

   Dates Employed _____

   Reason for leaving _____

   Job Duties _____

   _____

2. **Employer Name** _____

Job Title _____

Supervisor Name _____

Employer Address _____

City, State, Zip _____

Employer Phone _____

Dates Employed _____

Reason for leaving _____

Job Duties _____

_____

3. **Employer Name** _____

Job Title _____

Supervisor Name _____

Employer Address _____

City, State, Zip _____

Employer Phone _____

Dates Employed _____

Reason for leaving _____

Job Duties _____

_____

FOR OFFICE USE ONLY

Date Employment verified: _____

Findings if applicable: _____

Director initials: _____

AT WILL EMPLOYMENT

The relationship between you and Apollo Preschool is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Apollo Preschool. No representative of Apollo Preschool has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by a company officer.

Applicant Signature: _____ **Date**: _____