



**Adventureland
Academy**
Preschool and Childcare Center

APPLICATION FOR EMPLOYMENT

Position applying for: _____

			Age	Male/Female
PERSONAL INFORMATION				
Last 4 of Social Security Number XXX-XX-	Last Name	First Name	Middle Name	
Address (Street Number and Name)			City	
State	Zip Code	Home Phone	Mobile Phone	

How many children do you have? _____ Are you planning to take your kids to daycare? YES / NO

WORK ELIGIBILITY

Are you currently working? YES: _____ NO: _____
 Do you have a Texas Driver Licence? YES: _____ NO: _____
 Are you eligible to work in the United States? YES: _____ NO: _____
 Are you available to work holidays? YES: _____ NO: _____
 Are you willing to work in other cities? YES: _____ NO: _____

Have you been convicted of or pleaded no contest to a felony within the last five years?
 YES/NO: _____ If yes, please explain: _____

AVAILABILITY

What type of work are you looking for? Permanent Full-Time
 Permanent Part-Time Temporary Full-Time Temporary Part-Time

Days available
 Mon. Tue. Wed. Th. Fri. Sat.

Hours Available: From _____ To _____

When will you be available to begin work? _____

EDUCATION AND TRAINING

High School Diploma GED College: 1 2 3 4

Degrees or Diplomas achieved? _____

Languages?	_____	Read _____	Write _____	Speak _____
	_____	Read _____	Write _____	Speak _____
	_____	Read _____	Write _____	Speak _____

List special training and skills helpful in the child care industry. _____

How did you learn of this employment opportunity? ___ Friend/Family ___ Website ___ Other _____

Recommended by: _____

What kind of goals do you have? _____

Where do you see yourself with this company in six months? _____

EMPLOYMENT HISTORY (Start with present or last position)

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name Of Supervisor: _____ Weekly Pay: _____

Employed (Month and Year) From: _____ To: _____

May we contact this employer? YES/NO: _____ If not, why? _____

Reason For Leaving? _____

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name Of Supervisor: _____ Weekly Pay: _____

Employed (Month and Year) From: _____ To: _____

May we contact this employer? YES/NO: _____ If not, why? _____

Reason For Leaving? _____

Company Name: _____ City: _____ State: _____

Company Phone Number: _____ Job Title: _____

Name Of Supervisor: _____ Weekly Pay: _____

Employed (Month and Year) From: _____ To: _____

May we contact this employer? YES/NO: _____ If not, why? _____

Reason For Leaving? _____

PERSONAL REFERENCES (Exclude relatives in same household and former employers)

NAME	RELATION	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____