



## Employment Application

Please print or type all information.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you at least 18 years of age? Y / N (circle one) Desired number of weekly work hours: \_\_\_\_\_

Desired Position: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

### High School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

### College or Technical School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

### Other Educational Institutions

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you planning to further your education? Yes \_\_\_\_ When? \_\_\_\_\_ No plans \_\_\_\_

Have you had CPR Training within the past two years? Y / N (circle one)

Have you had First Aid training within the past three years? Y / N (circle one)

List any participation in child care training courses and experiences related to early childhood development. List any experiences you have had working with groups of children. Include dates of attendance and expiration dates of any certifications.

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List any educational or professional organizations to which you belong:

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Do you have any special talents? Include any musical instruments that you can play:

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Describe any physical or personal limitations on the type of work you are capable of performing that may interfere with your capability to work with children at school or the amount of time you can spend at work. \_\_\_\_\_

I am not suffering from any physical handicap or mental health disorder which would interfere with my ability to perform adequately the job duties of providing for the care and supervision of the children in my care.

This \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

### References

Please list two references, not including relatives or former supervisors.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

**Start with your most recent employer.**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact your current employer? Y / N (circle one)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Have you ever been arrested?

No \_\_\_\_ Yes \_\_\_\_

Are you available for \_\_\_\_ full time \_\_\_\_ part time employment? On what basis?

\_\_\_\_\_

I have never been found by a court or jury, department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

It is my understanding that the first ninety (90) days of employment are probationary with the first week being a trial period. During this probationary period, if my work and services have not proven satisfactory, my employment may be discontinued at will, without prejudice or recourse. Upon satisfactory completion of the initial 90 day probationary period I understand that I will enter the *regular* employment classification. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the effective date.

I understand that I will be subjected to a criminal background check that may include submitting a fingerprint record. I understand that I may be subjected to a credit check. I further understand that I may be subjected to a motor vehicle record check. I authorize any and all parties to respond to background inquiries made by Legacy Academy by disclosing personal information about myself to Legacy Academy.

I agree to provide, if necessary, documentation of any of my education, training, and/or experience. I authorize Legacy Academy to inquire as to my record with any or all persons including former employers. In the event of my employment with Legacy Academy, I agree to comply with the rules and regulations governing my employment. I certify that the information contained on this application is correct to the best of my knowledge. I understand that any information, including information regarding my qualifications, that is falsely presented or any information discovered contrary to that stated can and will result in immediate termination.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legacy Academy has adopted a nondiscrimination policy in which all employment applications and admissions are to be made without regard to race, color, creed, ancestry, sex, handicap or national origin.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary: \_\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Director

