

Precious Moments Learning Center, LLC

Application for Employment

Note: Please answer each question **fully and accurately**. No action can be taken on the application until all questions have been answered. **PLEASE PRINT**

Name: _____ Date: _____

Address: _____ City, State Zip _____

Phone # _____ Email: _____

Social Security # _____ DOB: _____

Desired Position: _____

Emergency Contact Name and Phone #: _____

Were you ever employed here? Yes / No If yes, when? _____

Have you ever applied here? Yes / No If yes, when? _____

Number of days missed work in last six months? _____

Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment? Yes / No If yes, explain?

Have you ever been convicted of a crime: Yes / No If yes, explain

Education

(Give name, address, location, highest grade completed, date of leaving)

NOTE: A diploma of the highest education received **MUST** accompany your application.

High School or GED _____ Date Completed _____

College/University _____ Date Completed _____

Degree Received _____

Additional Education _____ Date Completed _____

Health

Do you have any physical limitations which would give you problems in performing this job?

Yes / No If yes, explain? _____

Would you take a physical examination if required? Yes / No

References

(Must have name, address, phone number of three people – no relatives or former employers – we may contact about you.

1. Name _____ Phone # _____

Address: _____

2. Name _____ Phone # _____

Address: _____

3. Name _____ Phone # _____

Address: _____

Work History

Please attach a resume or list below all work history for the past six years. If self-employed, supply business references. PLEASE GIVE MONTH AND YEAR.

1. Company Name: _____ From: _____ To: _____

Address: _____ Phone # _____

Job Title: _____ Reason for Leaving _____

Last Supervisor _____

2. Company Name: _____ From: _____ To: _____

Address: _____ Phone # _____

Job Title: _____ Reason for Leaving _____

Last Supervisor _____

3. Company Name: _____ From: _____ To: _____

Address: _____ Phone # _____

Job Title: _____ Reason for Leaving _____

Last Supervisor _____

(Continue on a sheet of blank paper if you do not have enough room to list your employers for the past six years)

Are you now or do you expect to be engaged in other business or employment? Yes / No If yes, explain?_____

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record._____

Narrative

Why do you want to work in our program? _____

What do you feel best qualifies you for this job?_____

Affidavit

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Signature _____ Date _____

Date Employed _____ Date of Separation _____