

Young Scholars Academy
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT OR TYPE USING BLACK OR BLUE INK)

Today's Date _____ / _____ / _____
Month Day Year Day of Week

Name _____
Last First Middle Maiden

Address _____
Street City State Zip

Phone _____ SSN _____ - _____ - _____
Day Evening

Date of Birth _____ - _____ - _____ Driver's License # _____

How did you hear about the position? _____

In case of an emergency, who should we notify?

Name _____ Phone _____

EMPLOYMENT DESIRED

Position _____ Date Available _____

What prompted your application with us? _____

EDUCATION

Elementary through High School (Circle years completed) Did you graduate or receive GED?
1 2 3 4 5 6 7 8 9 10 11 12 YES [] NO []

Do you have a degree? YES [] NO []

Schools Attended

| Name | City/State | Grad. (Y/N) | Year | Degree |
|------|------------|-------------|------|--------|
|------|------------|-------------|------|--------|

| Name | City/State | From/To | Grad (Y/N) | Degree/Major |
|------|------------|---------|------------|--------------|
|------|------------|---------|------------|--------------|

Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? _____

Please list any courses/training, volunteer work, hobbies, or interests that would relate to the position for which you are applying? (Give dates, locations, and the name of the organization or agency sponsoring the training.)

List any professional licenses, certifications, or credentials you hold.

EMPLOYMENT AND EXPERIENCES

Show all positions held within the last 10 years beginning with current or last employer.
(IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY, USE EXTRA PAPER.)

Name _____ Dates: From ____/____ To ____/____
Address _____ Salary on leaving _____
Phone _____ Position _____ Supervisor _____
Duties _____
Reason for leaving _____

Name _____ Dates: From ____/____ To ____/____
Address _____ Salary on leaving _____
Phone _____ Position _____ Supervisor _____
Duties _____
Reason for leaving _____

Name _____ Dates: From ____/____ To ____/____
Address _____ Salary on leaving _____
Phone _____ Position _____ Supervisor _____
Duties _____
Reason for leaving _____

REFERENCES

Please list at least three persons, not related to you, whom you have known at least one year who could attest to your interactions with children.

Name Address Phone

Name Address Phone

Name Address Phone

PHYSICAL RECORD

How would you describe your general health?

Circle one? Excellent Good Fair Poor

Do you have any defects in hearing? _____ Vision? _____ Speech ? _____

Have you ever been seriously injured? _____ If so, how? _____

Describe briefly any previously serious illness. _____

Are there any physical or personal limitations on the type of work you can do with children at the center or that would affect the amount of time you can spend at work?

Date of your last physical exam _____ Would you object to being fingerprinted? _____

Have you ever been convicted of a felony? _____ If yes, explain. _____

Are you available for any part-time/substitute work - if so, when?

GENERAL INFORMATION

In compliance with state requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- a) been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting, or
- b) used alcohol or drugs such that it's effects are apparent during work hours that children are in care, or
- c) been convicted for or admitted to any felony or any offense involving moral turpitude.

I am aware that a background check will be performed before I am hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment with Young Scholars, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two (2) weeks prior to the date it will be effective. I understand that the first three (3) months of my employment are probationary and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice.

Applicant's signature _____ Date _____