Employment Application

nal Information	
Name:	Date:
Address:	Phone:
Are you 18 years of age or older?	
Center? If yes, when Are you related to anyone currently employed	
Center? If yes, when.	with Capitol Park Early Learning Center?

Days and hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday

Education

Name of School	Number of Years Attended	Major	Degree	Did you graduate?

Other Related Training or Education:

JOB EXPERIENCE:

Employer 1	Dates of Employment	Rate of Pay	Position	Reason for Leaving
Supervisor	Phone Number			
Supervisor	I none i (uniber			
Employor 2	Datas of Employment	Rate of Pay	Position	Reason for Leaving
Employer 2	Dates of Employment	Kate of Pay	Postuon	Reason for Leaving
Supervisor	Phone Number			
Employer 3	Dates of Employment	Rate of Pay	Position	Reason for Leaving
Supervisor	Phone Number	-		
Supervisor	Phone Number			

May we contact your previous employers? YES NO

Referred by:_____

Are you willing to have a physical exam along with a TB test? YES NO

Are you willing to participate in annual training that is offered during scheduled or NON-Scheduled work hours? YES NO

Have you completed the following trainings: ____ Essentials Training, ____ Universal Precautions, _____ Mandatory Child Abuse Reporting, ____ CPR, ____ First Aid, ____ Food Prgram

Applicant's Signature

Date

Capitol Park Early Learning Center is an equal opportunity employer