

Olive Branch Day Care

Employment Application

| | | | Арр | lican | Inforn | nation | | | | |
|-----------------------|------------------|----------------|---------------|-------------|-------------|----------|---------------|------------------|------------------|--------|
| Full Name: | | | | | | | | Date: | | |
| T dii Ttamo. | Last | | Firs | t | | | M.I. | | | |
| A dalago | | | | | | | | | | |
| Address: | Street Address | | | | | | | | Apartment/Unit | # |
| | | | | | | | | | • | |
| | | | | | | | | | | |
| | City | | | | | | State | | ZIP Code | |
| Phone: | | | | | Email_ | | | | | |
| Are you 18 y older? | ears or YE | | Date Availa | able: | | | Desired Sa | alary: \$ | | |
| Position App | olied for: | | | | | | | | | |
| | | | | | | | | | VEC | |
| Are you curr | ently employed | 1 ? | YES | NO | If yes, m | ay we co | ontact your p | resent emp | YES oloyer? 🔲 | NO |
| Are you a ci | tizen of the Uni | ited States? | YES | NO | If no, | are you | authorized t | o work in th | YES e U.S.? | NO |
| Have you ev | er been convic | ted of a felo | YES | NO | | | | | | |
| If yes, expla | in: | | | | | | | | | |
| Education | | | | | | | | | | |
| High School: Address: | | | | | | | | | | |
| From: | To: | <u>:</u> | Did you g | raduate | YES e? [| NO | Diploma::_ | | | |
| College: | | | | Addres | s: | | | | | |
| From: | To:_ | C | id you gradu | Y ate? [| ES NO | Degree | /Course of S | tudy: | | |
| Other: | | | | Addres | s: | | | | | |
| From: | To:_ | C | oid you gradu | Y ate? [| ES NO | Degree/ | /Course of S | tudy: | | |
| | | | | | | | | | | |

| Rank at Discharge: | Mili | ary Service |
|---|---|---|
| References Relationship: | Branch: | From: To: |
| References Please list three professional references. Full Name: Relationship: Company: Phone: Address: Phone: Full Name: Relationship: Company: Phone: Address: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: YES No May we contact your previous supervisor for a reference? Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: Ending Salary:\$ | Rank at Discharge: | Type of Discharge: |
| Please list three professional references. Full Name: Relationship: Company: Phone: Address: Relationship: Full Name: Relationship: Company: Phone: Address: Phone: Company: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: YES NO May we contact your previous supervisor for a reference? Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: Ending Salary:\$ | If other than honorable, explain: | |
| Full Name: Relationship: Company: Phone: Address: Relationship: Company: Phone: Address: Relationship: Company: Phone: Address: Previous Employment Company: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Ending Salary:\$ May we contact your previous supervisor for a reference? Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: From: To: Reason for Leaving: | R | eferences |
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| Address: | Full Name: | Relationship: |
| Full Name: Relationship: Company: Phone: Address: Relationship: Company: Phone: Address: Previous Employment Company: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Ending Salary:\$ **To: **Reason for Leaving: **YES NO** **May we contact your previous supervisor for a reference? **Phone:** **Address:** **Supervisor:** **Job Title: Starting Salary:\$ Ending Salary:\$ **Responsibilities: **From:** **To:** **Reason for Leaving:** **From:** **To:** **Reason for Leaving:** **To:** **To:** **To:** **Reason for Leaving:** **To:** **To: | Company: | Phone: |
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| Previous Employment Phone: | Company | |
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| | Responsibilities: | |
| VEQ MO | From: To: | Reason for Leaving: |
| May we contact your previous supervisor for a reference? | May we contact your previous supervisor for a referenc | YES NO e? |

| Company: | | | | Phone: | |
|--------------|---|-------------------|------------------------|--------------|-------------------|
| Address: | | Su | ipervisor: | | |
| Job Title: | Starting S | Starting Salary: | | | ary: <u></u> \$ |
| Responsibili | ties: | | | | |
| From: | To: | Reason f | or Leaving: | | |
| May we con | tact your previous supervisor for a reference? | YES | NO | | |
| | Additional | Informati | ion | | |
| Have you at | tended any child development classes or semir | nars? If so, | elaborate: | | |
| | | | | | |
| _ | | | | | |
| | nristian day care, affiliated with Genesis the Chu uding prayers, verses, stories, songs, and activi | | | | |
| YES | ver had CPR or First Aid training? | ÝES | urrently certified | in either CF | PR or First Aid? |
| | | ☐ If yes, give | ☐ e expiration date | : | |
| Have you ha | ad a TB test in the last 30 days? | | | | |
| YES | NO | If yes, plea | ase provide the r | esults with | this application. |
| Explain why | you want to work at our center. Be sure to incl | ude the skil | lls you would bri | ng to our pr | ogram. |
| | | | | | |
| _ | | | | | |
| for which yo | e any physical limitations that would preclude you are being considered? can be done to accommodate your limitations? | ou from perf | forming any wor | k YES | NO |
| | | | | | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements, references, and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

| Signature: | Date: |
|------------|-------|