**Bluffton Child Development Center**

## Employment Application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PLEASE PRINT AND COMPLETE ALL SECTIONS | | | Today’s Date: | |  |
|  | | | | | |
| Name | | | | | |
| Full Name: |  |  | |  | | |
| Last | | First | | M.I. D.O.B | |

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| **Employment Desired** | | | | | | | | | |
| Job Applying for: |  | | | Full time |  | Part time |  | Temporary |  |
|  |  | Date Available: |  | |  | | | | |

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| **Personal** | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |  | | | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | |  | | | |
| City | | | | | | | | | | | | | | | State | | | | ZIP Code | | | |
| Phone: | (     ) | | | | | E-mail Address: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | YES | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | YES | NO |
| If hired, can you furnish proof of eligibility? | | | | YES | NO | | Are you 18 years or older? | | | | | | | | | | | | | | YES | NO |
| Can you perform the essential function of the position for which you are applying? | | | | | | | | | | | | | | YES | | NO |  | | | | | |
| Have you ever worked or attended school under another name? | | | | | | | | | | | | | | YES | | NO |  | | | | | |
| If yes, give details. | | |  | | | | | | | | | | | | | | | | | | | |
| Have you ever worked for this organization? | | | | YES | NO | | If yes, when? | | | | |  | | | | | | | | | | |
| Have you ever applied here before? | | | | YES | NO | | If yes, when? | | | | |  | | | | | | | | | | |
| Are you presently employed? | | | | YES | NO | |  | | | | | | | | | | | | | | | |
| If yes, may we contact your current employer for a reference? | | | | | | | | | YES | NO | |  | | | | | | | | | | |
| Have you ever been fired or asked to resign from a job? | | | | | | | | | YES | NO | |  | | | | | | | | | | |
| Have you ever been convicted of a felony violation? | | | | | | | | | | | | | | | | YES | | NO | |  | | |
| If yes, give details. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If employed by us, do you expect to be employed elsewhere? | | | | | | | | YES | | NO | | |  | | | | | | | | | |
| If yes, give details. | | |  | | | | | | | | | | | | | | | | | | | |

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| Education | | | | | | | | |
| High School or GED: | | |  | | Address: | |  | |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |
| Vocational or Technical: | | |  | | Address: | |  | |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |
| College or University: | | |  | | Address: | |  | |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |
| Graduate School: | |  | | | Address: | |  | |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |
| Other: |  | | | | Address: | |  | |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |
| Do you have other skills or training that would be helpful for the job? If yes, please explain. | | | | | | | | |
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| Employment History |
| Please list employers starting with the current or most recent. |
| A job offer may be contingent on acceptable references from employers. |
| Please explain gaps in employment. |

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| Name of Employer: | | | | |  | | | | | | | | | | Phone: | | | (     ) | |
| Address: | | |  | | | | | | | | | | | |  | | | | |
|  | | | *Street Address* | | | | | | | | | | | | *Apartment/Unit #* | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | |
|  | | | *City* | | | | | | | | | | | | *State* | | | *ZIP Code* | |
| Supervisor’s Name: | | | | | |  | | | | | | | Title: | |  | | | | |
| Phone: | | (     ) | | | | | | | Email: | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | Ending Salary: | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | Reason for Leaving: | | | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | YES | | NO | |  | | | |

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| Name of Employer: | | | | |  | | | | | | | | | | Phone: | | | (     ) | |
| Address: | | |  | | | | | | | | | | | |  | | | | |
|  | | | *Street Address* | | | | | | | | | | | | *Apartment/Unit #* | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | |
|  | | | *City* | | | | | | | | | | | | *State* | | | *ZIP Code* | |
| Supervisor’s Name: | | | | | |  | | | | | | | Title: | |  | | | | |
| Phone: | | (     ) | | | | | | | Email: | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | Ending Salary: | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | Reason for Leaving: | | | | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | YES | | NO | |  | | | |

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| Name of Employer: | | | | |  | | | | | | | | | | Phone: | | | (     ) | |
| Address: | | |  | | | | | | | | | | | |  | | | | |
|  | | | *Street Address* | | | | | | | | | | | | *Apartment/Unit #* | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | |
|  | | | *City* | | | | | | | | | | | | *State* | | | *ZIP Code* | |
| Supervisor’s Name: | | | | | |  | | | | | | | Title: | |  | | | | |
| Phone: | | (     ) | | | | | | | Email: | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | Ending Salary: | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | Reason for Leaving: | | | | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | YES | | NO | |  | | | |

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| Name of Employer: | | | | |  | | | | | | | | | | Phone: | | | (     ) | |
| Address: | | |  | | | | | | | | | | | |  | | | | |
|  | | | *Street Address* | | | | | | | | | | | | *Apartment/Unit #* | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | |
|  | | | *City* | | | | | | | | | | | | *State* | | | *ZIP Code* | |
| Supervisor’s Name: | | | | | |  | | | | | | | Title: | |  | | | | |
| Phone: | | (     ) | | | | | | | Email: | |  | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | Ending Salary: | | $ |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | Reason for Leaving: | | | | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | YES | | NO | |  | | | |

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| Gaps in Employment: |  |
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| Volunteer Activities and Professional Memberships | | | | | |
| Organization Name: | |  | Title: |  | |
| Responsibilities: |  | | | Years Active: |  |
|  | | | | | |
| Organization Name: | |  | Title: |  | |
| Responsibilities: |  | | | Years Active: |  |

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| Certification | | | |
| I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment. | | | |
| Signature: |  | Date: |  |

This institution is an equal opportunity provider.