

Applicant Information											
Full Name:						Date:					
Address:	Last First			M.I							
Address.	Street Address	et Address			Apartment/Unit #						
	City				State	ZIP Code					
Phone: _()	Ce	II Phone:	_()						
Date Available: Social Security No.: Desired Salary: \$											
Position Applied for:											
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?											
Have you e	Have you ever worked for this company? YES NO If so, when?										
Have you ever been convicted of a felony? YES NO U											
If yes, explain:											
	Education										
High Schoo	ol:	Δddress									
	To:		YES	NO	Degree:						
					Degree						
	To:		YES	NO	Dograo						
	To:				Degree:						
			YES	NO							
	To:										
CPR Cert.	First Aid Cert.	Othe	Certificates	·							
Dloose list	three professional reference		erences								
	three professional reference			:							
Company:					Phone: ()					
Full Name: F			Relationsh	Relationship:							
Company:					Phone: ()					
Address:											



Full Name: Relation	nsnip:		
Company:	Phone:	()	
Address:			
Previous Employn	nent		
Company:	Phone: ()	
Address:			
Job Title: Starting Salary:		Ending Salary:	\$
Responsibilities:			
From: To: Reason for Leaving: YES	NO		
May we contact your previous supervisor for a reference?			
Company:	Phone: ()	
Address:	Supervisor:		
Job Title: Starting Salary: \$		Ending Salary:	\$
Responsibilities:			
From: To: Reason for Leaving:	NO		
May we contact your previous supervisor for a reference?	NO		
Company:	Phone: ()	
Address:	Supervisor:		
Job Title: Starting Salary:		Ending Salary:	\$
Responsibilities:			
From: To: Reason for Leaving:	NO		
May we contact your previous supervisor for a reference?	NO		
Disclaimer and Sigr	nature		
I certify that my answers are true and complete to the best of my kn	owledge.		
If this application leads to employment, I understand that false or may result in my release.	isleading informat	tion in my applica	tion or interview
Signature:	4 Cantan to more:	Date:	·

I hereby authorize the Playmates Child Care & Development Center to receive any employment history information pertaining to me, which may be in the files at my former place of employment.



Name Last	First	M.I.			
Address	City	State	Zip		
Social Security #		Phone			
I herby authorize Playmates information pertaining to me agency.	Child Care & Developm c, which may be in the fi	ent Center to receive an les of any federal, state	y criminal history record or local criminal justice		
Signature		 Dai	te		