

# Application for Employment

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age marital or veteran status, medical condition or handicap, or any other status protected by law. Kids Town Learning Center is an equal opportunity employer.

Date of Application- \_\_\_\_\_ Position Applied for \_\_\_\_\_ Expected Salary Per Hour \_\_\_\_\_

## PERSONAL DATA

Name (last, first, middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Date you are available to start work? \_\_\_\_\_

Full time  Part time, If requesting part time, list days and hours available \_\_\_\_\_

## EDUCATION

Circle highest grade completed  6  7  8  9  10  11  12

Name and location of high school \_\_\_\_\_ Year graduated \_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

Circle number of years of education past high school  1  2  3  4  5  6  7  8

Name and location of school/college/university \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degree Received \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

If you expect to complete an education program in the near future, please indicate what type of degree or program \_\_\_\_\_ and expected completion date \_\_\_\_\_

First Aid Certification?  Yes  No; CPR Certification?  Yes  No; Medical Administration Training (MAT)?  Yes  No

## REFERENCE

Starting with your most recent job, describe all paid and military positions (use additional pages if necessary).

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Hours \_\_\_\_\_  Full time  Part time

Dates of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ May we contact employer?  Yes  No

Name of Reference \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Hours \_\_\_\_\_  Full time  Part time

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PAGE 2 OF 3

Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Hours \_\_\_\_\_  Full time  Part time  
Dates of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_ May we contact employer?  Yes  No  
Name of Reference \_\_\_\_\_ Phone \_\_\_\_\_

## EXPERIENCE

In narrative form, describe your special skills, talents, volunteer work or training that would help us evaluate your application.

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## REFERENCES

List names, addresses, and relationship to you, of three people (not related to you) whom we may contact for information about your qualifications.

1. Name/Title \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name/Title \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name/Title \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MISCELLANEOUS DATA

Have you ever been convicted of an offense?  Yes  No

If you are hired, you will be required to have a criminal records background check. Is this acceptable to you?  Yes  No

Is there anything that would interfere with your ability to successfully perform the duties of this position?  Yes  No

If yes, please be specific or please specify \_\_\_\_\_



List a person to be contacted in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SWORN DISCLOSURE STATEMENT

Have you ever been convicted of or are you the subject of any pending for any charges for any of the following offenses Murder; malicious wounding, by mob; abduction; abduction for immoral purpose, assault and bodily wounding; robbery, carjacking; extortion by threat; any felony stalking violation; sexual assault; arson; burglary; any felony violation relating to possession or distribution of drugs; drive by shooting; use of a machine gun in a crime of violence; aggressive use of a machine gun; use of sawed-off shot gun in a crime of violence; pending; crimes against nature involving children; incest; taking indecent liberties with children; abuse and neglect of children; including failing to secure medical attention for an injured child; obscenity offenses; possession of child pornography; electronic facilitation of pornography; abuse and neglect of incapacitated adults; employing or promoting a minor to assist in an act constituting an obscenity or related offenses; delivery of drugs to prisoners; escape from jail; felonies by prisoners; within the commonwealth or any equivalent offenses outside the commonwealth?

Yes (Convicted)  Yes (Pending)  No

If yes, specify crime(s) \_\_\_\_\_

Have you be convicted of or are you the subject of pending charges for any other felony in the past five years prior to the application date licensure, employment, or approval?

Yes (Convicted)  Yes (Pending)  No

If yes, specify crime(s) \_\_\_\_\_

Have you ever been the subject of a founded complaint of child abuse and neglect within or outside the commonwealth?

Yes  No

I hereby affirm that the above information is true and complete to the best of my knowledge. I understand that it may be subject to verification should I be employed by Kids Town Learning Center, any misrepresentation or false statement made on this application may be considered cause for possible dismissal. Kids Town Learning Center has my permission to obtain all necessary information from the references I have listed concerning my prior employment. I release all parties from any possible damage resulting from disclosing such information with or without prior written notice from me.

If hired, I understand this application is considered a contract. In the commonwealth of Virginia, I am considered an at will employee and may be terminated by Kids Town Learning Center, at any time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION IS VALID FOR 60 DAYS

FOR OFFICE USE ONLY

Accepted for employment?  Yes  No

Position \_\_\_\_\_

Starting Rate \$ \_\_\_\_\_ Per hour Starting Date; \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

