

Employment Application Form

We appreciate your interest in employment at Kidz Korner Children's Center. We look forward to receiving your application. The following checklist will assist you in your application process.

Complete/Sign all attached forms. All forms must be submitted before processing begins.				
	Application			
	Confidential Personal Information			
	Confidential Personal References			
Attach the	following additional items.			
	Current Resume			
	Copies of pertinent certificates			
	Copies of college transcripts			
	Process istration will review your completed file. If a position is open and qualifications are met, ice will contact you to schedule an interview.			
	Interview time set			
	Post Interview - You will be notified in writing of the decision regarding the status of your employment.			



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Application Date:/		Date Available:/	/
PERSONAL INFORMATION			
Full Name		Birthday: Month	Day
Street Address			
City	State	Zip	
Email			
Daytime Phone	Evening	Cell	
Best time to call		I would also be available t	o Substitute: 🗆 Yes 🗆 No
POSITION DESIRED □ Full tir	ne □ Part time Hour	s 🛮 Available	
Position applying for			
How did you learn about the posi	tion for which you are apply	ying?	
Community Involvement List activ	vities, leadership positions, v	volunteer work, etc. that you pa	rticipate in on a regular basis
Description		Dates	
Description		Dates	
Description		Dates	

Kidz Korner Children's Center does not unlawfully discriminate on the basis of race, color, gender, nationality, ethnic origin, marital status, age, military status, or disability in the admission of students or the hiring of employees. Kidz Korner Children's Center is an Equal Opportunity Employer (EOE).



DUCATION	College Major
Minor	

School	Name & Location of School	Dates Attended	# of years	Graduation Date	Degree / Diploma
Graduate School					
College					
High School					
Early Education Classes					

MPL	OYMENT (Provide accurate, complete employment re	cord. Start with present or most red	cent employer)			
	Employer Name	Telephone	Employed Dates			
	Address Pa					
1	Name of Supervisor	Reason for Leaving	Reason for Leaving			
	State job title and describe your work	1				
		I	1- , ,-			
	Employer Name	Telephone	Employed Da	ates		
	Address		From	То		
	Address		Pay			
2			Start	Last		
	Name of Supervisor	Reason for Leaving	9			
	State job title and describe your work					
	Employer Name	Telephone	Telephone Employed Dates			
			From	То		
	Address		Pay			
2			Start	Last		
3	Name of Supervisor	Reason for Leaving	Reason for Leaving			
	State job title and describe your work					
Per	Administration may contact the employers listed above unless indicated below.					
Permission	DO NOT CONTACT:					
ے	1. Employer Name	Reason				
	2. Employer Name	Reason				
	2. Lilipioyei Maille					

References	I verify that I have mailed the enclosed recommendation forms to the following references: 1. Professional Reference	
		Phone
		Phone
	2. Professional Reference	
Signature	I verify that I have read this application and declare that my answers are true and complete.	Date
	Printed Name	
	Signature	
Signature	I acknowledge that the answers to the above statements are true and complete. If no Children's Center to further investigate references, work records, evaluations, educat suitability for employment. Furthermore, I authorize any references or former employment records, performance reviews, letter, reports and other information relagiving me prior notice of such disclosure. In addition, I hereby release Kidz Korner Cl references and all other parties from any and all claims, demands, or liabilities arising investigation or disclosure. I waive the right to personally view any references given	rion or any other matters related to my yers to disclose to the school any and all sted to my life and employment, without hildren's Center, my former employers, g out of or in any way related to such
	Printed Name	Date
	Signature	_