



## Employment Application

Full Name						Date:				
<i>Last</i>			<i>First</i>			<i>M.I.</i>				
Address:										
<i>Street Address</i>					<i>Apartment/Unit #</i>					
						<i>State</i>		<i>ZIP Code</i>		
Phone:	( )			E-mail Address:						
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.?			YES	NO		
Have you ever worked for this company?		YES	NO	If yes, when?						
Have you ever been convicted of a felony?		YES	NO							
If yes, explain:										
High School:				Address:						
From:		To:		Did you graduate?		YES	NO	Degree:		
College:				Address:						
From:		To:		Did you graduate?		YES	NO	Degree:		
Other:				Address:						
From:		To:		Did you graduate?		YES	NO	Degree:		
WHAT HOURS/DAYS ARE YOU AVAILABLE										
ARE YOU WILLING TO WORK OVERTIME?										
ARE YOU WILING TO WORK OCCATIONAL SATURDAYS?:										
ARE YOU WILLING TO ATTEND EVENING/WEEKENDS STAFF MEETINGS?										
DO YOU HAVE CURRENT CPR/FIRST AID										
ARE YOU WILLING TO OBTAIN AND MAINTAIN CURRENT CRP/FIRST AID?										
ARE YOU WILLING TO OBTAIN AND MAINTAIN THE TRAINING REQUIRED BY THE DEPARTMENT OF CHILDREN AND FAMILIES AND GR HUMAN RESOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO										
HAVE YOU COMPLETED ALL TRAINING REQUIRED BY THE DEPARTMENT OF CHILDREN AND FAMILIES TO WORK IN CHILD CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST COMPLETED COURSES ON BACK OR INCLUDE TRANSCRIPT.										

Please list three professional references.

Full Name:		Position:	
Company:		Phone:	( )
Address:			
Full Name:		Position:	
Company:		Phone:	( )
Address:			
Full Name:		Position:	
Company:		Phone:	( )
Address:			
Employment History - Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employment History - Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employment History - Company:		Phone:	( )
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>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. Growing Room is an equal opportunity employer. No person shall be discriminated against due to race, religion, age, gender or disability.</i>			
Signature:			Date:

