



## Application for Employment Lambs of Grace Preschool

Today's Date: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

(Name and phone number of two people to contact in case of emergency)

### Employment Desired

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Are you currently employed: Yes      No

If so, may we contact your present employer: Yes      No

### Education History

	Name and location of school	Years attended	Did you Graduate?	Subjects studied
High School				
College				
Trade, business or correspondence school				

### General Information

Please list any additional certifications or special training or skills that may be related to this job.

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Place of Employment	Phone	Address	Duties	Dates

References:

Name	Phone Number	Relationship
1.		
2.		
3.		

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_