



Employment Application Rev. 08-22

Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. Please print except for your signature on the last page.

Full Name: Last Middle I. First			Date of Application:
Complete Address:			Social Security Number:
1st Contact Number: () ()		2nd Contact Number: () ()	
Email address:			

Are you at least 18 years of age?	Position applying for:	Pay desired:
Date available to start working:	Do you want to work: Full time _____ Part time _____	Referred by:

Please fill in the hours each day that you are available to work.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Have you ever worked for ABC Children's Academy before? Yes _____ No _____

If YES, please list dates of employment and location(s) worked _____

Do you have a checking account for Direct Deposit of your Paycheck? Yes _____ No _____

Has a court ever denied you parent custodial or visitation rights due to child neglect or maltreatment? Yes___ No___

If YES, explain _____

Have you ever been convicted or have charges pending of a criminal offense of any kind? Yes _____ No _____

If YES, explain _____

Do you have any limitations that would restrict job performance or that would put children at risk? Yes__ No__

If YES, explain _____

Do you acknowledge that the use of marijuana either medically or recreationally while working in a childcare is not allowed according to Article 98 of the Arkansas Constitution? Yes _____ No _____

Would you take a physical examination if required? Yes _____ No _____

Are you now or have you ever used illegal drugs? Yes _____ No _____

Would you be willing to take a drug screening? Yes _____ No _____

Are you or your spouse a registered sex offender? Yes _____ No _____

Are you now or do you expect to be engaged in other business or employment? Yes _____ No _____

If YES, explain _____

Educational History

Type of School	Name of School	City & State	Major	Years Completed	Date & Degree Earned

REFERENCES: Name, complete addresses, and phone numbers of the people we may contact about you. No relatives or former employers, please.

Name _____ Phone _____

Complete Address _____

Name _____ Phone _____

Complete Address _____

Name _____ Phone _____

Complete Address _____

Employment History

List your last 6 years of employment: employers, assignments, or volunteer activities, starting with your

CURRENT or most recent employer, including military experience.

Ref. Ck	Employers Name	From	To	Duties	Supervisors name and phone #	Reason for Leaving

Name, Complete Address, home & work phone numbers of the person we may call in case of an emergency:

AFFIDAVIT: I CERTIFY THAT EVERYTHING IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISLEADING OR INCORRECT STATEMENTS OR CONSEQUENTIAL OMISSIONS MAY RENDER THIS APPLICATION VOID, OR IF EMPLOYED, WOULD BE CAUSE FOR TERMINATION. I AUTHORIZE THE INDIVIDUALS OR INSTITUTION RELEASING THEM FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

DATE EMPLOYED: _____ DATE SEPARATED: _____

LETTER OF RESIGNATION IN FILE Y/N

IS EMPLOYEE ELIGIBLE FOR RE-HIRE Y/N

This application will be kept confidential in accordance with the requirements of the Americans with Disabilities Act (ADA) and the Equal Employment Opportunity Commission (EEOC).