

.Creative Learning Preschool & Child Care Center Inc.
105 South Butler Street
Madison, Wisconsin 53703
(608) 258-9811

Application for Employment
An Equal Opportunity Employer

Please answer all questions. Resumes will not be accepted in place of this application. This application is designed to be used with several types of employment opportunities within our corporation. Some of the questions may not be completely applicable to the job that you are seeking; nonetheless, we ask that you answer all questions.

Last Name (Please Print) First Middle Social Security Date

Present Address City State Zip Code Phone

Email address _____

Only US citizens or aliens who have the legal right to work in the US are eligible for employment. Can you submit documentation verifying your legal right to work in the US and your identity if hired? yes or no

What hours are you available to work? _____ (a.m. or p.m.)

What date are you available to start? _____

Will you work overtime if required? yes or no

Have you been convicted of a felony in the last seven years? yes or no

(Such conviction may be relevant if job related, but does not bar you from employment.)

What days are you available to work? ___ Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri.

Please indicate which types of employment interest you. Check all that apply.

Permanent full time Permanent part time Temporary full time until: _____

Temporary part time until: _____

For some positions, it may be required that employees possess certain physical capabilities. Check the appropriate boxes below which you feel reflect the physical activities in which you can routinely engage in without doing harm to yourself or fellow employees. Please be assured that a negative answer will not disqualify you from consideration.

Lifting 25 lbs. or less
 50 lbs

Difficulties with: Bending
 Stooping
 Climbing

Employment History

Provide a complete description. This information will determine if your application will be accepted. Start with your most recent job. For part time work show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. You may also attach a separate sheet with additional information.

Employer _____ Kind of Business _____ Address _____

Your title _____ Reason for Leaving _____

Name of Supervisor _____

Summarize the nature of work performed and job responsibilities

Dates Employed: From _____ To _____

Starting Hourly Rate/ Salary \$ _____ Per _____

Final Hourly Rate/Salary \$ _____ Per _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Employer _____ Kind of Business _____ Address _____

Your title _____ Reason for Leaving _____

Name of Supervisor _____

Summarize the nature of work performed and job responsibilities

Dates Employed: From _____ To _____

Starting Hourly Rate/ Salary \$ _____ Per _____

Final Hourly Rate/Salary \$ _____ Per _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Employer _____ Kind of Business _____ Address _____

Your title _____ Reason for Leaving _____

Name of Supervisor _____

Summarize the nature of work performed and job responsibilities

Dates Employed: From _____ To _____

Starting Hourly Rate/ Salary \$ _____ Per _____

Final Hourly Rate/Salary \$ _____ Per _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Comments including explanation of any gaps in employment

Have you ever been dismissed or forced to resign from any employment? yes or no If yes, please explain _____

Are you employed? yes or no

Are you subject to recall? yes or no

May we contact your present employer? yes or no

Skills and Qualifications- Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.

Educational Data

School	Print Name, Address, City, State, and Zip Code for each School	Number of Years and Major Course of Study Completed
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*High School		

*College		

*Graduate School		

*Correspondence Course, Trade, Business, or Night School		

*You may attach a separate sheet if more space is needed.

Registry Level _____

References

List the name and telephone number of three business/work references who are *not* previous supervisors. If not applicable, then list three school or personal references who are not related to you.

Name	Telephone	Address	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any additional information that you would like us to consider.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ___/___/___

Person or Persons to contact in case of emergency:

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date ____/____/____

Referral Source

Walk-in _____ Government Employment Agency _____ Private Employment Agency _____
Employee _____ Relative _____ School _____
Advertisement - Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ () _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability

For Personnel Department Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO classifications listed below, which one best describes the position filled _____

- | | | |
|---------------------------|--------------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales Workers | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical Workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date ____/____/____

G Neil Companies assumes no responsibility for any decision the employer makes which may violate applicable state or federal law

