

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

Application for Employment
An Equal Opportunity Employer

Last Name (Please Print) First Middle Date

Present Address City State Zip Phone Number

Email Address

What hours are you available to work? _____ (Open
7am-6pm)

What date are you available to start? _____

What Days are you available to work? ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

What type of employment interests you? Check all that apply.

___ Permanent full time

___ Permanent part time

___ Temporary full time until: _____

___ Temporary part time until: _____

Some positions may require employees to engage in physical activities. Check those which you feel you can routinely engage in without doing harm to yourself. Please be assured that your answer will not disqualify you from consideration for employment.

Lifting: ___ 25 lbs. or less
 ___ 50 lbs.

Ability to: ___ Bend
 ___ Stoop
 ___ Climb

Employment History

Most Recent Job:

Are you currently employed here? Yes No

Employer/Type of Business	Phone Number	Email Address
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Your Title	Reason for Leaving
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Name of Supervisor _____

Summarize the nature of work performed and job responsibilities:

Dates Employed: From _____ To _____

Starting Rate/Salary \$ _____ Per _____

Ending Rate/Salary \$ _____ Per _____

May we contact this employer for a reference? Yes No

If no please explain _____

Previous Employment:

Employer/Type of Business	Phone Number	Email Address
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Your Title	Reason for Leaving
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Name of Supervisor _____

Summarize the nature of work performed and job responsibilities:

Dates Employed: From _____ To _____

Starting Rate/Salary \$ _____ Per _____

Ending Rate/Salary \$ _____ Per _____

May we contact this employer for a reference? Yes No

If no please explain _____

Additional Previous Employment:

Employer/Type of Business Phone Number Email Address

Your Title Reason for Leaving

Name of Supervisor

Summarize the nature of work performed and job responsibilities:

Dates Employed: From _____ To _____
Starting Rate/Salary \$ _____ Per _____
Ending Rate/Salary \$ _____ Per _____

May we contact this employer for a reference? ___Yes ___No
If no, please explain _____

Required Information

Please explain any gaps in employment: _____

Have you ever been dismissed or forced to resign from any employment: ___No ___Yes
If yes, please explain _____

Can you submit documentation verifying your legal right to work in the US and identity if hired?
___Yes ___No

Have you been convicted of a felony in the last seven years? ___Yes ___No
(Such conviction may be relevant if job related, but does not bar you from employment.)

Educational Data

School	Print Name, Address City, State, and Zip	Number of Years and Major Course of Study Completed
Highschool	<hr/> <hr/>	<hr/> <hr/>
College	<hr/> <hr/>	<hr/> <hr/>
Graduate School	<hr/> <hr/>	<hr/> <hr/>
ECE Courses or Certifications	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Registry Level	<hr/>	

Please feel free to attach a separate sheet if more space is needed.

References

Please list three references. References can be both professional and personal (please refrain from listing relatives).

Name	Phone Number	Email 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:

