



Application for Employment

GENERAL INFORMATION

Date: ____/____/____

Name: _____
Last First Middle or Maiden

Address: _____

City: _____ State: _____ Zip: _____

Primary Number: (____) ____-____ Cell / Home

Secondary Number: (____) ____-____ Cell / Home

Social Security #: _____-____-____ Email: _____

Citizenship: USA _____ Other: _____

Position Applying For: _____ Full-Time / Part-Time

Hours Available: ____:____ to ____:____ Days Available: M T W TH F

Are These Hours Flexible: Yes / No Preferred Start Date: ____/____/____

Can We Contact Your Present Employer: Yes / No

Preferred Rate Of Pay: \$_____ Will You Need Our Health Care Plan: Yes / No

Do You Need Child Care: Yes / No If Yes, What Is Your Child's Birthdate: ____/____/____

EDUCATION

	School Name & Address	Years Attended	Completed	List Diploma / Degree
High School	_____	_____ to _____	_____	_____
College	_____	_____ to _____	_____	_____
Other	_____	_____ to _____	_____	_____



PAST EMPLOYMENT

(Please List Below All Present And Past Employment Beginning With The Most Recent.)

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

Employer Name: _____ Employed from _____ to _____
Address: _____ City: _____ State: _____
Supervisor Name: _____ Phone Number: (_____) _____ - _____
Job Title: _____ Starting Rate: \$ _____ per hour Ending Rate: \$ _____ per hour
Job Description: _____

ORGANIZATIONS/ COMMUNITY INVOLVEMENT

List all professional and community organizations with which you are affiliated. Indicate if you hold an office in the organization.

Organization	Length of Affiliation	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES *(Please list three non-related references.)*

Name	Address	Phone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What do you feel most qualifies you for this position? _____

What age groups have you taught? _____

What age group are you most interested in teaching? _____

What was your classroom experience and what were your job responsibilities as a teacher? _____

Please share with us your educational philosophy. _____

Have you ever used Frog Street or any other national curriculums? _____

Are you familiar with state standards? _____

Have you written and prepared lesson plans? _____

What do you want most out of this position? _____

List three professional goals?

1. _____

2. _____

3. _____

What is your favorite subject to teach or the best activity you have ever planned for your class? _____

What area of development did this project foster and why was it age appropriate for your class? _____

What type of classroom management techniques do you use in your classroom? _____

What is your discipline approach? _____

I understand that filling out this application does not assure me a job interview. I authorize investigation of all statements contained in this application. I understand that if any of the statements I have made are proved to be untrue, this is grounds for immediate termination. My signature certifies that I have read and completed this application without assistance and that the statements I have made herein are true.

Signature: _____

Date: _____