



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: Days Available: M T W TH F

Are These Hours Flexible: 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: If Yes, What Is Your Child's Birthdate:

EDUCATION

Table with 4 columns: School Name & Address, Years Attended, Completed, List Diploma / Degree. Rows for High School, College, and Other.



**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: \_\_\_\_\_