

## Application

### General

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Are you legally able to work in the United States: \_\_\_\_\_

Have you ever been convicted of crime, excluding minor traffic violations? :

Would you agree to a background check? : \_\_\_\_\_

Have you been discharged or resigned from a position? : \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a current driver's license? : \_\_\_\_\_

Can you use your vehicle for business purposes? : \_\_\_\_\_

Do you carry automobile insurance? : \_\_\_\_\_

Are you available for full time employment? : \_\_\_\_\_

Are you restricted to working certain days? : \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Will you work overtime if required? : \_\_\_\_\_

When can you begin employment? : \_\_\_\_\_

How many days have you been ill during the past two years? : \_\_\_\_\_

Volunteer experience:

\_\_\_\_\_

Skills acquired: \_\_\_\_\_

### Education

Type of School	Name & Location	Course of Study	Last Yr. Completed	Diploma/ Degree
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High School			9 10 11 12	
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College			1 2 3 4	
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Other			1 2 3 4	
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Business Experience (List the three most recent employers)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment from: \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment from: \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Personal References

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Applicant's Statement

I hereby give St. Pius X Daycare the right to make a thorough investigation of my past employment, education, and activities. I release from all liability, all persons, companies, and corporations supplying that information. I release and indemnify St. Pius X against any liability that might result from making such an investigation. I understand that any false answers, statements, or implications made by me in this application or other documents shall be considered sufficient cause for denial of employment or discharge.

I also understand that I will be subject to a thorough criminal records check in order to work with minors.

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_