



2831 West Glendale Avenue
 Phoenix, AZ 85051
 Phone: 602-242-1945
 Fax: 602-336-0751

Employment Application

Please Print Clearly

Name: _____

Date of Application: _____

Previous Names: _____

SSN: _____

Mailing Address: _____

Birth date: _____

City, State, Zip: _____

Date Available: _____

Telephone: _____

Cell phone: _____

List languages you speak fluently: _____

Position Desired:

Teacher/caregiver _____ **Assistant** _____ **Student Aide** _____ **Volunteer** _____

I will accept: **Full-time** _____ **Part-time** _____ **Substitute** _____

References:

List three people other than relatives who have knowledge of your work experience. At least one should be a previous employer or supervisor. Begin with the most recent.

Name	Title	Address	Phone

Educational and Professional Training

Circle last year completed	Trade or High School 9 10 11 12 GED	Technical, business school or college: 1 2 3 4 5	Graduate School 1 2 3 4		
High School Name:	Location:	Did you Graduate? Y N	What Year?		
List all business, trade schools or college attended	Location	Dates attended	Major/Minor	Date graduated	Degree/Certificate

WORK EXPERIENCE					All phone numbers
Employer first	(attach additional page if necessary)			must be current	
Dates Employed From to	Employer/supervisor Name & Phone	Position/Title	Duties Performed	Reason for leaving	

SKILLS

Please list skills an experience that enhance your qualification for this position:

GENERAL EMPLOYMENT INFORMATION

- | | | |
|------------------------------------------------------------|-----|----|
| 1. Are you legally eligible to work in the United States? | Yes | No |
| 2. Do you have authorization to begin working immediately? | Yes | No |
| 3. Have you ever been dismissed from a position? | Yes | No |
| If yes, please explain: _____ | | |
| 4. Have you ever been asked to resign? | Yes | No |
| If yes, please explain: _____ | | |
| 5. May we contact your current employer? | Yes | No |
| _____ | | |
| 6. Are you able to lift at least 50 pounds | Yes | No |
| 7. Do you have any health restrictions | Yes | No |
| If yes please explain _____ | | |

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE

I certify that all statements made in this entire application are true. I agree and understand that any deliberate misstatement or omission of material facts will cause forfeiture on my part of all eligibility to any employment or dismissal of employment with Calvary Central Day Care, Inc. I authorize Calvary Central Day Care, Inc. to independently verify all information I have given on this application to include verification of educational background and employment records. By signing below I give permission to Calvary Chapel Central to request a national criminal search (background check). I further understand that Calvary Central Daycare can conduct new hire and random drug testing. I specifically waive any right I have under ARS 23-1361.B or otherwise to examine a copy of any written communication regarding employment by any former or current employer of mine. I further release any institution or individual from any liability or damages that might result or be claimed because of information provided. I understand that my employment is not finalized until the background investigation has been completed.

Signature

Date

Please use the space below to make any comments, clarify any special considerations, or ask a question:

