

EMPLOYMENT APPLICATION

We are an equal opportunity employer and give consideration without regard to race, color, sex, religion, age, disability, and veterans. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. We offer competitive income, an excellent working environment and the opportunity to grow with the company. **GENERAL INFORMATION** (print legibly with ink or type) LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY# CITY/STATE ADDRESS (Street, PO Box, Apt #) ZIP DATE OF BIRTH EMAIL ADDRESS PHONE NUMBER (area code) HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO ARE YOU A U.S. CITIZEN? IF YES, PLEASE EXPLAIN: YES NO IF NO, ARE YOU ELGIBLE TO WORK IN THE UNITED STATES? YES NO DATE AVAILABLE HAVE YOU BEEN EMPLOYED WITH US BEFORE? IF SO, PLEASE LIST THE DATES: YES NO EDUCATION (High School, College, Trade Schools, and Other Education) HIGH SCHOOL ADDRESS DATES (To/From) DID YOU GRADUATE? YES NO COLLEGE ADDRESS DATES (To/From) DID YOU GRADUATE? YES NO OTHER ADDRESS DATES (To/From) DID YOU GRADUATE? YES NO **EMPLOYMENT DESIRED** POSITION DESIRED I AM LOOKING FOR: EXPECTED COMPENSATION FULL TIME PART TIME TEMPORARY DESIRED AGE GROUP (IF APPLICABLE, CHECK ALL THAT APPLY) _ INFANTS (6 WEEK-12 MONTHS) TODDLERS (18 MONTHS-2 YEARS) PRESCHOOL (3-5 YEARS) SCHOOL AGE (5-12 YEARS) DATE AVAILABLE I AM AVAILABLE TO WORK (Check All Applicable): ARE YOU AT LEAST 18? MORNINGS AFTERNOONS EVENINGS YES NO



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CERTIFICATIONS						
ARE YOU CPR/FIRST AID CERTIFIED?		OTHER CERTIFICATIONS:				
YESNO						
EXPERIENCE						
LIST ANY EXPERIENCE RELATED TO THIS JOB						
EMPLOYMENT HISTORY (List Most Recent First, Then Back. Include Any Military Service)						
EMPLOYER NAME		DATES OF EMPLOYMENT		JO	JOB TITLE & DUTIES	
ADDRESS		COMPENSATION		RE	REASON FOR LEAVING	
EMPLOYER NAME		DATES OF EMPLOYMENT			JOB TITLE & DUTIES	
		DATES OF EMPLOYMENT		10	JOB IIILE & DUIIES	
ADDRESS		COMPENSATION		RE	REASON FOR LEAVING	
EMPLOYER NAME		DATES OF EMPLOYMENT		JO	JOB TITLE & DUTIES	
ADDRESS		COMPENSATION		RE	REASON FOR LEAVING	
REFERENCES (List Two Professional References Not Related To You, Whom You Have Known For At Least One Year)						
		TIONSHIP COMPANY			PHONE	
NAME		TIONEUID	COMPANY		PHONE	
NAME	KELA	TIONSHIP	COMPANY		PHONE	
PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW						
I certify that the information listed above is true and correct and give my consent for Kids Lane Academy to check my						
references. I understand my employment is subject to satisfactory verification of this information and agree that falsification of this document or significant omissions shall be grounds for non-consideration or dismissal from employment if discovered						
at a later date. I pledge, if hired, to comply with the company policies/procedures of Kids Lane Academy. I also understand						
that this application does not create an employment contract and that I may be terminated at will. I understand that						
employment may be subject to satisfactory completion of a physical examination and/or drug screening.						

SIGNATURE OF APPLICANT:

DATE: