



Employment Application

Name: _____

Mailing Address: _____ **Street Address:** _____

cell phone: _____ **home phone:** _____

email address: _____

Position applied for: _____

Education History:

High School/College	Dates	Degree/grade completed

Employment History:

Employer/Address Phone	Dates employed	Position Held	Supervisor	Reason for leaving

Record of a physical examination dated not more than 90 days prior to hiring must be presented to director within 30 days of hire, signed by a physician. Criminal release and fingerprinting also mandatory unless Employment Eligibility Care from NH is presented.

(over)

School **K**ids **I**n **P**eterborough

14 Vine Street Peterborough, NH 03458 603 924-7050

Please list three references

Name	Address and phone	Connection to you

What are some skills you could share with our children ages Pre-K to 15?

What are your passions? _____

Minimum hourly rate required _____ **Ideal number of hours?** _____

Shift availability am (6:15 - 9) Yes No **Pm (2:30 - 6)** Yes No **All day (8 hours)** Yes No

Do you have transportation? _____ **Would you be willing to furnish insurance information on your vehicle to drive children?** _____

Current First Aid Certification Yes No **Current CPR Certification** Yes No

Do you have any know medical problems which would interfere with your ability to perform this position? (such as lifting 40 lbs, or light snow removal) Yes No

Have you ever been convicted of a felony, do you have a criminal record? Yes No

I certify that the above information is true and complete to the best of my knowledge and belief. I understand any statement I have furnished which is shown to be false when made will be cause for my immediate dismissal if I have been hired. I authorize SKIP to conduct any and all inquiries that it may deem necessary or advisable, from former employers, or any other person to provide SKIP with any information concerning me. I release and hold harmless SKIP and such providers of information about me from any liability which results for the furnishing and review of this information.

Signature of Applicant

Date of Application