

**EMPLOYMENT APPLICATION**  
**AIM-HIGH CHILD CARE CENTER**

Date \_\_\_\_\_

S. S. Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (W) \_\_\_\_\_  
Phone (H) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**POSITION**

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Position Applied for: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_

Are you employed now? \_\_\_no \_\_\_yes      May we contact your employer? \_\_\_no \_\_\_yes

Present salary or wage \_\_\_\_\_ Hr. \_\_\_\_\_ Mo. \_\_\_\_\_ Bi-Mo. \_\_\_\_\_

Company where you are employed  
\_\_\_\_\_

Date available to start employment \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

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Circle the highest year completed:

GED	High School	College	Graduate School
	1 2 3 4	1 2 3 4	1 2 3 4

Name of High School \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Are you planning to further your education \_\_\_\_no \_\_\_\_ yes When \_\_\_\_\_

Number of ECE units completed \_\_\_\_\_

Please list any professional licenses or certificates you have \_\_\_\_\_

\_\_\_\_\_

List most recent employer first

Name of Employer	Phone	Date From	Date to	Position

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**OTHER INFORMATION**

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Special Talents \_\_\_\_\_

What musical instruments do you play? \_\_\_\_\_

How would you describe your general health? \_\_\_\_\_

Are there any physical or personal limitations on the type of work you can do with children at school or the amount of time you can spend at work \_\_\_\_no \_\_\_\_ yes \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_no \_\_\_\_ yes Please explain \_\_\_\_\_

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**REFERENCES**

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Name	Address	Relationship	Phone

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Signature

Date