

# Application for Employment



Please complete all sections, you may be asked to provide additional information.

This application will be kept on file for a limited period of time, it is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please print legibly.**

## **Personal information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

Position applying for: \_\_\_\_\_ Shift preferred: **AM**  **PM**

Special training or skills that would be of benefit to the job for which you are applying:

\_\_\_\_\_

Are you applying for: **Part-Time**  **Full-Time**  When are you available to begin? \_\_\_\_\_

Have you ever been employed by Kids America? **Yes**  **No**  Dates? \_\_\_\_\_

Do you have a legal right to work in the US? **Yes**  **No**  (If yes, proof is required)

Are you of legal age to work? **Yes**  **No**  What is your DOB: \_\_\_\_\_

Have you ever been convicted of a felony? **Yes**  **No**  If yes, explain: \_\_\_\_\_

## **Educational Background:**

High School Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? **Yes**  **No**  Date: \_\_\_\_\_

College Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? **Yes**  **No**  Date: \_\_\_\_\_

Graduate School Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? **Yes**  **No**  Date: \_\_\_\_\_

Vocational Training/other: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? **Yes**  **No**  Date: \_\_\_\_\_

Continuing Education? \_\_\_\_\_

**Previous Employers Information:** (Place an X by the employer(s) you do not wish us to contact. List the most recent employer first)

1  Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2  Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3  Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_