

(Last, First, Middle) Name	Date	
(Street, City, State, Zip) Present Address		
	Social Security No	
Are you 18 years or older?	Date of Birth	
Position applied for: (1 st choice)		
(2 nd choice)		
Referred by:		
Part Time:	Full Time:	
Days requested:	Hours requested:	
Other Information:		
Marital StatusSingle Married _	SeparatedDivorced Widowed	
Have you received Worker's Compensation or Disability Income payments: If "yes" please describe:		
Do you have any physical condition that might limit your ability to perform the job for which you are applying? If "yes" please describe the condition and how you can perform the job in spite of it		
Have you had a major illness in the past 5 years If "yes" please describe		
Have you been convicted of a crime (a	ther than traffic violations) or been imprisoned	
Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? If "yes" please explain		

	Briefly describe your philosophy in teaching young children, disciplining them and building self-esteem:
(0)	
(90)	
	
72	
(30)	
	The information provided in this Application of Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	If Caring Corner decides to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, Caring Corner must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
	Applicant's Printed Name:
	Applicant's Signature:

(Please Attach Resume)