



Caring Corner

"Quality Care for Infants and Preschoolers"

Employment Application

(Last, First, Middle)

Name _____ Date _____

(Street, City, State, Zip)

Present Address _____

Phone No. _____ Social Security No. _____

Are you 18 years or older? _____ Date of Birth _____

Position applied for: (1st choice) _____

(2nd choice) _____

Referred by: _____

Part Time: _____ Full Time: _____

Days requested: _____ Hours requested: _____

Other Information:

Marital Status ___ Single ___ Married ___ Separated ___ Divorced ___ 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 (other than traffic violations) or been imprisoned during the last seven years? _____

If "yes" please explain

