

**CREATION KIDS PRESCHOOL**  
**APPLICATION FOR EMPLOYMENT**  
**(An Equal Opportunity Employer)**

**PERSONAL INFORMATION**

DATE

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes

No

**EMPLOYMENT DESIRED**

POSITION

DATE YOU  
CAN START

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO CREATION KIDS PRESCHOOL BEFORE?

WHEN?

REFERRED BY

**EDUCATION**

NAME AND LOCATION OF SCHOOL

\*NO OF  
YEARS  
ATTENDED

\*DID YOU  
GRADUATE?

SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR  
CORRESPONDENCE  
SCHOOL

OTHER

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|----------|--------------------|
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |

**REFERENCES:**

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | PHONE NO | YEARS<br>ACQUAINTED |
|------|----------|---------------------|
| 1    |          |                     |
| 2    |          |                     |
| 3    |          |                     |

IN CASE OF  
EMERGENCY NOTIFY

Signature of Applicant

NAME ADDRESS PHONE NO.

"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 CONDITIONS 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 IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, 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.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED:  Yes  No

POSITION

SALARY/WAGE

DATE REPORTING TO WORK