

"Family U"
An after-school enrichment program.

"An Equal Employment Opportunity/Affirmative Action Employer"
Employment Application Form

Please follow these general instructions:

1. No more than FOUR jobs may be applied for on this form.
2. A resume WILL NOT be accepted in lieu of any part of this form.
3. DO NOT send a transcript. You will be advised if one is required.

NAME: _____ DATE: _____

PHONE NO. (home): _____ PHONE NO. (work): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE AVAILABLE FOR EMPLOYMENT: _____ SOCIAL SECURITY NO: _____

POSITIONS YOU ARE APPLYING FOR: 1. _____ Email: _____
 2. _____
 3. _____
 4. _____

WORKING CONDITIONS: Rate of pay you will accept - \$ _____
 Will you accept: Temporary Work? YES NO
 Part-time Work? YES NO
 Full-time Work? YES NO
 Evening or Night Work? YES NO

ARMED FORCES: YES NO BRANCH: _____ RANK AT DISCHARGE: _____

Have you ever been involuntarily discharged or fired? _____

Please explain: _____

COLLEGE OR VOCATIONAL TRAINING (Business, Trades, and Technical):

Name and Location:	FROM		TO		Major Subjects or Coursework	Total Hrs In Major	Certificate or Diploma Issued
	Month	Year	Month	Year			

PERSONAL REFERENCES (Excluding Relatives):

Name and Occupation: _____ Address: _____ Phone Number: _____

1. _____

2. _____

3. _____

EMPLOYMENT (Please give accurate and complete employment record. Start with most recent employer).

1. Company Name: _____ Telephone: _____
 Address: _____ Employed (State Month and Year)
 From: _____ To: _____
 Name of Supervisor: _____ Weekly Pay: _____
 Start: _____ Last: _____
 Reason for Leaving: _____
 Job Title and Description: _____
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2. Company Name: _____ Telephone: _____
 Address: _____ Employed (State Month and Year)
 From: _____ To: _____
 Name of Supervisor: _____ Weekly Pay: _____
 Start: _____ Last: _____
 Reason for Leaving: _____
 Job Title and Description: _____
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3. Company Name: _____ Telephone: _____
 Address: _____ Employed (State Month and Year)
 From: _____ To: _____
 Name of Supervisor: _____ Weekly Pay: _____
 Start: _____ Last: _____
 Reason for Leaving: _____
 Job Title and Description: _____
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1. Please describe why you would like to work in this School-Age Care Program.

2. What do you enjoy most about working with children? What do you find challenging?

3. Describe your availability for work hours in the Summer and/or After School program.

4. Please attach a letter of application describing the experiences and skills you have that would make you one of the best staff members of this program.

* * * * *

I give permission to communicate with past employers, personal references, credit references, and schools. I have answered all questions to the best of my knowledge. I agree to give employer at least fourteen (14) days prior notice in the event of my resignation. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified or incomplete statements on this application shall be considered sufficient cause for dismissal.

Veteran's Preference: If you are a veteran or a spouse of a deceased or disabled veteran and wish to claim veteran's preference, you must present a legible photocopy of your DD214 with this application.

All applicants will receive a consideration for employment without regard to race, color, religion, sex, age, national origin, marital status, medical condition or physical handicap.

DATE: _____ SIGNATURE: _____