

Creative World School



Early Childhood Learning Centers
 10060 Amberwood Road, Suite 1
 Fort Myers, FL 33913

Tel. (239) 437-6273
Fax (239) 437-0507

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer) Date: _____

Name: _____

Address: _____
Last First Middle Social Security Number

Street City State Zip

Phone: _____ Are you 18 or older? Yes ____ No ____

Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes ____ No ____

Employment Desired-Position: _____ Salary Desired _____

Date You Can Start _____ Are You Employed Now? _____

If So, May we inquire of your present employer? _____

Ever applied to this company Before? _____ (Approx. Dates)

Where? _____ When _____

Education Name & Location of School Attended Graduated? Subject

Education	Name & Location of School Attended	Graduated?	Subject
Grammar School			
High School			
College			
Trade or business School			

Add'l Classes in Child Development: _____

Former Employers (Start from the Most Recent or Present)

Company: _____ Date Employed: From _____ to _____

Address: _____

Phone # _____ Supervisor _____ Salary _____

Position _____ Reason for Leaving _____

Job Description : _____

Company: _____ Date Employed: From _____ to _____

Address: _____

Phone # _____ Supervisor _____ Salary _____

Position _____ Reason for Leaving _____

Job Description : _____

Former Employers (continued...)

Company: _____ Date Employed: From _____ to _____

Address: _____

Phone # _____ Supervisor _____ Salary _____

Position _____ Reason for Leaving _____

Job Description : _____

Company: _____ Date Employed: From _____ to _____

Address: _____

Phone # _____ Supervisor _____ Salary _____

Position _____ Reason for Leaving _____

Job Description : _____

REFERENCES: (Please use a separate piece of paper for additional space)

List the names of three persons not related to you.

Name	Address	Phone #	Business	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

PHYSICAL RECORD

Do you have any physical limitations that might hinder you from performing any work for which you are being considered? _____ If so, what can be done to accommodate your limitation? _____

Please describe: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name	Address	Phone

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wage and salary, be terminated at any time without prior notice what so ever.”

Signature _____ **Date** _____

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OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Interviewed by: _____ Date: _____

Hired: Yes ___ No ___ Position _____ Start Date _____

Salary/Wage _____ School _____ Scheduled Hours _____