## APPLICATION FOR EMPLOYMENT

## Little Bulldog Childcare & Learning Center

An Equal Opportunity Employer.
Reasonable accommodation will be provided as required by law.

Last Name Fir		First Nan	t Name Mie		ial	Social Security Number:	
Street Address City/State		Zip Code			Phone Number:		
If hired, can you provide evidence of I work in the U.S.?			completing form I-9 a		nent is conditioned upon and providing the appropriate y and work authorization.		
Position Desired: Wage/Sala			ry Desired: Full Time? Part Time?		8		
Date you can begin work?  Are you 18			to submit a		to submit a bir	years of age, you will be required pirth certificate or work certificate by state or federal law.	
Name of high school attended:			City & State		Graduate?	GED?	
Name of college or technical school:			City & State (		Graduate?	Degree?	Major:
		olled in school?			s of school and	expected degre	ee date:
			- Your Availab	ility For Wo	ork -		
From: To:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
	- Provide T	hree References	Who Are Not	Former Emi	olovers Who V	Ve May Contac	et -
Name and Occupation How			do you know them, and for how long?				ne Number
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## Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers be	efore you are offered a position?		
Name of Employer:	Job Title; Duties:		
Address:	Dates of Employment:		
	From:	To:	
City, State, Zip Code	Hourly pay or salary: Starting pay:	Ending pay:	<u>"</u>
Supervisor:	Reason for Leaving:	<u> </u>	
Telephone:			
Name of Employer:	Job Title: Duties:	- 100 T-00 Profession	
Address:	Dates of Employment:		
	From:	To:	
City, State, Zip Code	Hourly pay or salary:		
	Starting pay:	Ending pay:	
Supervisor:	Reason for Leaving:		
Telephone:			
Name of Employer:	Job Title:		
	Duties:		
Address:	Dates of Employment:		
Ch. C. St. C.	From:	To:	
City, State, Zip Code	Hourly pay or salary:		
	Starting pay:	Ending pay:	
Supervisor:	Reason for Leaving:		
Telephone:			
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## CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

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I have read, understand, and agree to the above statements.	
Signature:	Date: