



# Application for Employment

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Applied For: \_\_\_\_\_

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a valid drivers licesnse and/or reliable transportation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you legally eligible for employment in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Proof of citizenship or immigration status will be required)

Age Group Preference: Nursery & Wobbler (6 wks-23 mos) \_\_\_\_\_

Toddler (24 mos-36 mos) \_\_\_\_\_

Preschool (3yrs-4yrs) \_\_\_\_\_

Pre-K (4yrs-5yrs) \_\_\_\_\_

### PLEASE CHOOSE SCHEDULE PREFERENCE:

Full-Time (32-40 hours) \_\_\_\_\_

Part-Time (32 hours OR Less) \_\_\_\_\_

Mornings \_\_\_\_\_

Afternoons \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Please list Hours/Days you cannot work: \_\_\_\_\_

Do you have any physical, mental, or medical impairment or disability that would limit your job performance in the position for which you are applying? If so, please explain: \_\_\_\_\_

Have you ever been convicted of a felony, or been involved with a child abuse or neglect court action or official investigation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain: \_\_\_\_\_

Have you ever been arrested or cited for a crime that has not been resolved, or are you in a diversion program?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain: \_\_\_\_\_

**EDUCATION**

	Name of School and Location	Years attended/Graduated	Subjects Studied/Degree
High School			
College			

Do you have any food service training or experience?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      If yes, please explain: \_\_\_\_\_

Please list any special training or job related training received: \_\_\_\_\_

Subjects of special study, certifications and/or accreditations: \_\_\_\_\_

Special skills: \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ YES      \_\_\_\_\_ NO      Which languages? \_\_\_\_\_

**FORMER EMPLOYERS**

List below your past three employers starting with the Most Recent

Date(Month and Year) From _____ to _____
Title: _____
Name and Phone Number of Employer: _____
Reason for leaving: _____
Job Responsibilities: _____

Date(Month and Year) From _____ to _____
Title: _____
Name and Phone Number of Employer: _____
Reason for leaving: _____
Job Responsibilities: _____

Date(Month and Year) From _____ to _____
Title: _____
Name and Phone Number of Employer: _____
Reason for leaving: _____

Job Responsibilities: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three personal references who are not related or previous employers.

1	_____	_____	_____
	<i>(First)</i>	<i>(Last)</i>	<i>(Phone)</i>
2	_____	_____	_____
	<i>(First)</i>	<i>(Last)</i>	<i>(Phone)</i>
3	_____	_____	_____
	<i>(First)</i>	<i>(Last)</i>	<i>(Phone)</i>

I certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand further that misrepresentations or omissions of facts stated in this application are cause for cancellation of the application and/or dismissal for employment. I authorize New Discoveries to make any necessary and appropriate investigations to verify my qualifications for the position. I authorize release of information from current and former employers and authorize use of above information by New Discoveries. I hereby release from liability of New Discoveries and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

Employment by New Discoveries is "at will" and is at the mutual consent of the employee and employer. Consequently, either the employee or the employer can terminate the employment relationship at any time, with or without advance notice.

If hired, I agree to comply with the employment Policies and Procedures of New Discoveries and understand they can be changed at any time. This includes, but is not limited to, pay and benefits.

I understand and agree with these terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_