

Here We Grow Child Development Center

Here We Grow (HWG) is an equal opportunity employer and complies with all Federal and State Laws

*Please Print Plainly * Be sure to answer all questions completely and accurately

PERSONAL DATA:

Today's Date:		Social Security No:		
Name: Last, First, Middle:				
Address:				
City:		State:		Zip Code:
Home Phone:			Cell Phone:	
Check One: <input type="checkbox"/> Over 21 <input type="checkbox"/> Over 18 <input type="checkbox"/> Over 16				
How were you referred?			Have you ever worked here <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have friends or relatives working here?			Dates of Employment Here:	
Position Desired:			Date Available:	
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		
Days Available to Work: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		Current Salary: \$		
		Desired Salary: \$		
Hours Available to Work:				

EDUCATION AND TRAINING:

Type of School	Name of School	City & State	Type of Program	Graduated?
High School				
College				
Trade School				
Other				

List any Skills, licenses, hobbies, or languages you are able to speak, read, or write that have a direct bearing on the job you are seeking. You are not required to list information which might reveal your race, sex, or national origin: _____

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APPLICATION FOR EMPLOYMENT CONT.

EMPLOYMENT HISTORY

List all jobs, verifiable work, self-employment and periods of unemployment beginning with present or last job

Company Address & Phone	Dates of Employment	Rate of Pay Hrly or Salaried	Name of Supervisor	Title, Duties & Responsibilities	Reason for leaving
	From: To:	Start: End:	 <hr/> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	Start: End:	 <hr/> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	Start: End:	 <hr/> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	Start: End:	 <hr/> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DRIVING INFORMATION:

Do you have a current driver's license? Yes No

STATE: _____ LICENSE #: _____ EXPIRATION: _____

Has your driver's license ever been suspended or revoked? Yes No If yes, explain circumstances below

Have you ever been cited in any state for driving under the influence (DUI) or driving while intoxicated (DWI) Yes No If yes, please explain the circumstances and outcome below:

Do you have personal automobile liability insurance? Yes No

Insurance Company: _____

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EMERGENCY INFORMATION

In case of an accident or other emergency, whom should we contact?

Name: _____ Relationship: _____

Home address: _____

Home Telephone: _____

Work Address: _____

Work Telephone: _____

PERSONAL REFERENCES

List persons who know you well (other than relatives and previous employers):

Name	Occupation	Address	Telephone Number	Years Known

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if employed, omissions, false or inaccurate statements on this application or any other subsequent documents may result in my immediate dismissal.

I hereby authorize all prior employers, schools, credit bureau, law enforcement and investigative agencies to HWG any and all information concerning my qualifications for the position applied for. I releases all persons or entities from all liability for any damage that may result from furnishing information to HWG. I also release HWG and all of its employees from liability for any damages that may result from reliance on the information furnished.

If employed by HWG, I agree to follow its policies, rules and regulations. I understand that these rules may change at any time with or without notice to me. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, at any time, at my option or the option of HWG. This relationship cannot be modified unless it is in writing and signed by both the organization and me. Np oral or implied agreements shall modify this statement.

I understand and agree that, if hired, I will be required to provide documentation in accordance with Immigration Reform and Control Act, demonstrating that I am entitled to work in the USA as an employee.

Signature: _____ Date: _____

INTERVIEWED BY: _____ Date: _____