



Early Learning Center

**Application for Employment**

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

\* Please print clearly

\* Make 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:	
Primary Phone:			Secondary 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 for HWG before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have friends or relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Dates of Employment here:		
Position Desired:			Date Available:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Current Salary: \$		Desired Salary: \$	
Days and Hours Available to Work:					
Days:	Monday	Tuesday	Wednesay	Thursday	Friday
Hours:					

**EDUCATION AND TRAINING**

High School:		Address:			
From:	To:	Did you graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		Address:			
From:	To:	Did you graduate?		Degree:	
Trade School:		Address:			
From:	To:	Did you graduate?		Degree:	
Other:		Address:			
From:	To:	Did you graduate?		Degree:	

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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**EMPLOYMENT HISTORY**

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

Company:		Dates of Employment:	
Address:		Phone #:	
Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Hourly or Salary Start: _____ End: _____	
Job Title:	Responsibilities:		
Reason(s) for Leaving:			
Company:		Dates of Employment:	
Address:		Phone #:	
Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Hourly or Salary Start: _____ End: _____	
Job Title:	Responsibilities:		
Reason(s) for Leaving:			
Company:		Dates of Employment:	
Address:		Phone #:	
Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Hourly or Salary Start: _____ End: _____	
Job Title:	Responsibilities:		
Reason(s) for Leaving:			
Company:		Dates of Employment:	
Address:		Phone #:	
Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Hourly or Salary Start: _____ End: _____	
Job Title:	Responsibilities:		
Reason(s) for Leaving:			
Company:		Dates of Employment:	
Address:		Phone #:	
Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Hourly or Salary Start: _____ End: _____	
Job Title:	Responsibilities:		
Reason(s) for Leaving:			

**DRIVING INFORMATION**

Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STATE:	LICENSE #:	EXPIRATION:
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the circumstances and outcome below:		
Do you have personal automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Company:		

**Here We Grow Early Learning Center**  
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**EMERGENCY CONTACT 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:	Relationship:
Address:	Telephone Number:
Occupation:	Years Known:
Name:	Relationship:
Address:	Telephone Number:
Occupation:	Years Known:
Name:	Relationship:
Address:	Telephone Number:
Occupation:	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 bureaus, law enforcement and investigative agencies to provide Here We Grow any and all information concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage that may result from furnishing information to Here We Grow. I also release Here We Grow and all of its employees from liability for any damages that may result from reliance on the information furnished.

If employed by Here We Grow, 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. No 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 the Immigration Reform and Control Act, demonstrating that I am entitled to work in the USA as an employee.

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

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

INTERVIEWED BY: \_\_\_\_\_

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