

Application for Employment

Full Legal Name _____ Date _____
 Alias Names (Include Maiden/prior Married Names) _____
 Address _____ SS# (required) _____
 City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____
 Emergency Contact _____ Phone () _____
 Email address _____

Please Answer	Yes	No
Are you at least 17 years of age?		
Are you a United States Citizen?		
Do you have a reliable vehicle?		
Are you Infant/Child CPR and First Aid Certified?		
Do you have a communicable disease?		

Employment Seeking: Full-Time _____ Part-Time _____ Sub _____
 Learning Center (6-17 years) _____ Preschool (3-6 years) _____ Either _____
 Number of hours per week needed? _____

Availability:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Education History:

	Years Attended	Graduated/Degree Earned
High School		
Trade School		
College		
Graduate		
Other		

Related skills, training, certificates: _____

Employment History (List most recent first):

Employer _____ Position _____
Supervisor _____ Phone _____
Dates of Employment _____ May we contact? _____
Job Description _____
Reason for Leaving _____

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Supervisor _____ Phone _____
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Supervisor _____ Phone _____
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Please list two personal references:

Name _____ Phone _____
Relationship _____ Years known _____

Name _____ Phone _____
Relationship _____ Years known _____

Please explain any experience you have had in working with children with developmental disabilities: _____

Why are you interested in working with children with developmental disabilities for Sojourn?

Are you willing to complete further training required for employment? _____

By signing and dating below, I acknowledge that the statements that I provided are true and accurate to the best of my ability.

Signature _____ Date _____

Date Interviewed: _____	By: _____
Comments: _____ _____	