Little Scholars Learning Center & Elementary



APPLICATION FOR EMPLOYMENT

Personal Data					Date:	Date:		
Last Name			First Name		Middle Initial			
Mailing Ac	Idress		City		State	Zip Code		
Phone Number	Phone Number Last Four SSN		Date of Birth		Email			
Emergency (Conta	ct						
Name of Contact			Contact Phone Number		Relationship			
Mailing Ac	Idress		City		State	Zip Code		
How soon are you lo	oking for							
employment?								
Position(s) applying for?								
Would you work:	FULL-TIM	\E	PART-TIME		VOLUNTE	ER		
·								
If P	ART-TIMI	or VOLUN	ITEER, specify o	<u>ivailable</u>	days and ho	urs:		
MONDAY	TUE	SDAY	WEDNESDA'	r TI	HURSDAY	FRIDAY		
Have you ever been convicted of a felony? If yes, please describe:								
Are you legally e	ligible fo	r employn	nent in the U.S.	\$				
Have you lived in	the Sta	te of Arkai	nsas for the nas	st 6 vears	S			
TIGAC YOU IIAGU II	1110 310	io oi Aikui	isus for the pu	or o yours	Ŧ	_		

Employment History

Please provide employment history starting with the most recent employer.

Employer	Phone Number
Mailing Address	Employment Dates (MM/YY-MM/YY)
Supervisor	Rate of Pay Lowest: Highest:
Job Title & Duties	Reason for Leaving
Employer	Phone Number
Mailing Address	Employment Dates (MM/YY-MM/YY)
Supervisor	Rate of Pay Lowest: Highest:
Job Title & Duties	Reason for Leaving
Employer	Phone Number
Mailing Address	Employment Dates (MM/YY-MM/YY)
Supervisor	Rate of Pay Lowest: Highest:
Job Title & Duties	Reason for Leaving
Employer	Phone Number
Mailing Address	Employment Dates (MM/YY-MM/YY)
Supervisor	Rate of Pay Lowest: Highest:
Job Title & Duties	Reason for Leaving

May we contact your current employer(s)? YES NO

May we contact your previous employer(s)? YES NO

Education:

High School Name & Location				Diploma		Grade Completed:		
					0.55	_		
Please attach co	ny of diplo	oma			GEL	GED		
ricase anacir co	py or dipid	Jiiiu						
List below Post	-Secondar	•					, or Ce	rtifications.
(Please attach resume and transcripts.)							Data	
Name/Location	From MM/YY	To MM/YY	Major/Minor	Сс	Hours mpleted	Degree/Diplor		Date Graduated
				<u> </u>				
Administration Please list the sk		_					s positio	on:
			,	•	<u> </u>			
Bus Driver Applicants ONLY:								
Chauffeur's Lice								
Issuing State / E	xpiration	Date:						
Have you had a traffic violations		ng						
If yes, explain:								

Custodial/Grounds & Maintenance Applicants ONLY:						
Please list the skills/duties in which you have training/experience for this position:						
Food Service	Applicants O	NLY:				
		ou have training/e	experience for this	position:		
How did you	hear about us	• ?				
now did you	iledi doodi o	S :				
		<u> </u>				
References:						
	•	ives, ONLY previou	is employers or otr	iers who can		
Last, First Name	ur qualifications foi	Address		Phone		
Lasi, i iisi itailia		Addiess		THORIC		
Signatura		Dat	^			
SignatureOFFICE USE ONLY		Dui	<u>e</u>			
DATE DATE	RATE OF PAY	POSITION	YEARS OF	HIGHEST LEVEL OF		
		100	EXPERIENCE	EDUCATION		