



# LITTLE ANGELS

## Employment Application

APPLICANT INFORMATION						
Name	(Last) (First) (MI)			Date		
Street Address						
City	State		Zip			
Phone	Cellular/Other Phone					
Email Address				Position Applied for		
May we contact you at work?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If necessary, best time to call you is?			
If you are under 18 can you furnish a work permit?	YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you submitted an application here before?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If <b>yes</b> , give position(s) and			
Have you worked for this company before?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?			
What date are you available for work?			What is your desired salary?			
What type of work schedule are you interested in?	<input type="checkbox"/> Days (1 <sup>st</sup> shift) <input type="checkbox"/> Evenings (2 <sup>nd</sup> shift) <input type="checkbox"/> Nights (3 <sup>rd</sup> shift) <input type="checkbox"/> Weekends <input type="checkbox"/> On Call <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time					

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
WORK EXPERIENCE <i>LIST MOST RECENT WORK EXPERIENCE FIRST</i>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
To list additional work experience, fill out attached "Additional Work Experience Form"			

Explain any gaps in employment, other than those due to personal illness, injury or disability?

If not addressed earlier, have you ever been fired or asked to resign from a job? YES  NO

If **yes**, please explain:

### ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include: Classes (list dates), Certificates, Current Licenses, Foreign Language Skills, Awards, Computer Skills, etc...

### REFERENCES PLEASE LIST THREE REFERENCES WHO KNOW ABOUT YOUR PAST EMPLOYMENT/TRAINING

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may be grounds for termination.

I authorize all former employers to release job-related information they may have about me; I release all persons or companies from any liability or responsibility for providing such information.

Signature

Date

**Little Angels is an Equal Opportunity Employer**

### ADDITIONAL WORK EXPERIENCE FORM

Name		Date			
(Last)	(First)	(MI)			
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To			Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To			Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To			Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To			Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>					