Maria Hay Forbes Centre Kids Campus Child Care Center

	EW	PLOYN				AHO			
Please provide us wit	h the followi			rever appror			Date	•	
- 1305 provide us with				PERSONAL			Date		
Full Legal Name: (last fire	t middle)		P	Telephone #			402	Manager Control	
Full Legal Name: (last, first, middle)									
Address: (street, city, state, zip code)				Best time to call: Are you at least 18 years of age? Yes □ No □					
Address: (sirect, city, state,	zip code)			Are you at least	. To years o	rage? resulti	0 [
E-Mail Address:	Position Applied For:		Type of l	Employment Int	erested In: (Chec	k all that annly)			
L-Mail Addiess.		Tooling Tool			Type of Employment Interested In: (Check all that apply) Full Time Part Time				
Date Available for Employment:		Pay Expected :			Have You Applied Here Within Last Year? Yes □ No □ Other Areas of Employment Interest:				
Date Available for Employs	ment.	1 ay Expected	•		Oulei Al	cas of Employi	nent intelest.		
Social Security #:		Are you Legal			Availabi	lity: (Please che	ck all that apply)	-21	
2000	Employment In The United States? Yes □ No □			Full-time □ Part-time □ Would you be unable to come to work on certain days?					
		162 NO	Yes No			If so specify:			
Have you see by	ad hu MUROST	WCA9 VEC CNO	\C	Maria Sana					
Have you ever been employ	cu by MHrC/Y	WCA! YES NC	<i>)</i> 🗆			- A 100	4	N. S.	
If "Yes" Dates Employed From:		To:		Position(s) Held:			4		
List any special training or	abilla languagas	machine energic	an hah	hias activities a	to in which	vou participat	which relate to t	he job for which yo	
List any special training or applied:	skiiis, ianguages	, machine operation	on, noo	bies, activities, e	te. in which	i you participat	willen relate to	the job for which yo	
THE RESERVE	MR a		PRO	OFESSIONA	L			MATERIAL STREET	
PROFESSIONAL LICENSES/CERTIFICATION/REGISTRATION			Year Expiration (date, month					Number	
LICENSES/CERTIFICATI	ON/REGISTRA	TION	ere i e	(date, mont	ii, year)				
				**					
250	8								
								1	
		The state of the s	REL	ATED SKIL	LS	A. 4623			
ndicate any office equipme	nt with which yo	ou are proficient:		1			Турі	ng Speed:	
ndicate computer equipmer	nt and software v	vith which you are	e profic	cient:		1 1 4			
Other:									
						7. 2. 4.			
		E	DUC	ATIONAL D	ATA	F 1716			
ТҮРЕ	NAME AND			COURSE OF		EARS	DID YOU	DEGREE (or)	
	OF SC	CHOOL	\dashv	STUDY	CON	MPLETED	GRADUATE ☐ Yes	DIPLOMA	
High School							□ No		
Business/Trade/						· .	□ Yes □ No		
Technical School									
College or University							☐ Yes ☐ No		
			\dashv		1		☐ Yes		
Additional Education						1.	□ No		

Please fill out completely wit You may attach an additional	th most recently l	neld positions listed fire	YMENT HISTORY st. Do not omit unrelated work e istory. Resumes are accepted by	experience. Include military service, if applicable.	
Most Recent Employer:	Your Title		Last Salary:	Work Performed:	
Address:	Reason for Leaving:		Date Began: Mo/Yr:	*	
Telephone Number:	Your Supe	rvisor's Name:	Date Left: Mo/Yr:	May we contact?	
	a	For Reco	ar Principle St.	Yes □ No □	
Previous Employer:	Your Title:		Last Salary:	Work Performed:	
Address:	Reason for Leaving:		Date Began: Mo/Yr:		
Telephone Number:	Your Supe	rvisor's Name:	Date Left: Mo/Yr:	May we contact?	
	5		A-2	Yes □ No □	
Previous Employer:	Your Title	:	Last Salary:	Work Performed:	
Address:	Reason for	Leaving:	Date Began: Mo/Yr:		
Telephone Number:	Your Supe	rvisor's Name:	Date Left: Mo/Yr:	May we contact?	
				Yes □ No □	
Which of these jobs did you	like the best?				
What did you like most abou	t this job?				
	The same of	Pers	onal References	THE STATE OF THE S	
Please list the names of thre	ee persons not r	elated to you, whom y	ou have known at least one ye	ar.	
Name:		Address: Street, City, State, Zip Code		Occupation:	
Telephone #					
Name:		Address: Street, City	, State, Zip Code	Occupation:	
<i>‡</i> 5					
Telephone #					
Name:		Address: Street, City, State, Zip Code		Occupation:	
Telephone #					
employment but may be used	to direct your in	terest to areas less rela		? Conviction doesn't necessarily bar you from on. You may answer "No" to this question if the pursuant to law. Yes No	
If yes, please describe in full:			•		
Please read and sign the opp	posite page.				

APPLICANT'S STATEMENT

I hereby authorize investigation of all statements contained in this application. I release Maria Hay Forbes Centre Kids Campus Child Care Center from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a pre-placement assessment, which includes a drug test, after an offer of employment has been made, but prior to commencement of employment and a criminal background study.

I understand that all conditions of employment, including but not limited to, hours, benefits, and salary are subject to change by Maria Hay Forbes Centre Kids Campus Child Care Center at any time without prior notice to employees, subject to its obligations under the terms of any currently effective collective bargaining agreement. I also understand, unless covered by a collective bargaining agreement containing a contrary provision, that employment at MHFC Kids Campus Child Care Center is "at will" employment and may be terminated at any time by either party. I further understand that I am required to abide by all rules, regulations and the "Standards of Service Excellence" of MHFC Kids Campus Child Care Center.

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my resume.

Date:	Applicant's Signature:	-

Thank you for applying for employment with KIDS CAMPUS CHILD CARE CENTER.