

# LITTLE EXPLORERS APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire    An Equal Opportunity Employer

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## Personal Information

Date \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_

Current address \_\_\_\_\_

Mail address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you legally able to work in the US? \_\_\_\_\_ yes \_\_\_\_\_ no

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## Employment Desired

Position applied for \_\_\_\_\_

Date you can start \_\_\_\_\_

Hourly wage desired \_\_\_\_\_

Are you available to work: \_\_\_\_\_ full time \_\_\_\_\_ part time

Are you currently employed? \_\_\_\_\_ yes \_\_\_\_\_ no

If so may we contact your present employer? \_\_\_\_\_ yes \_\_\_\_\_ no

How did you hear about Little Explorers? \_\_\_\_\_

Do you have any special skills that are relevant to the position for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Education

Name	# of years	Did you graduate?	Area of study
High School _____	_____	_____	_____

College _____	_____	_____	_____
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Are you currently on the registry? \_\_\_\_\_ yes \_\_\_\_\_ no      If so, level \_\_\_\_\_ # of starts \_\_\_\_\_

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**Former Employment** (List most recent first)

Name and address of employer \_\_\_\_\_

Dates of employment from \_\_\_\_\_ of \_\_\_\_\_ to \_\_\_\_\_ of \_\_\_\_\_

Positions held \_\_\_\_\_ Wage \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

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In case of emergency notify (name) \_\_\_\_\_ Phone \_\_\_\_\_

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“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.”

“I authorize investigation of all statements contained herein.”

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause.”

This application will remain active for 90 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_