



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE			Today's Date: _____
_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Phone</i>	<i>Alternate/ Phone</i>	<i>Email Address</i>	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION			
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
What schedules would you prefer?	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings <input type="checkbox"/> Nights
How did you hear about us?	<input type="checkbox"/> Walk In	<input type="checkbox"/> Referral Name:	<input type="checkbox"/> Advertisement Where: <input type="checkbox"/> Other:
Have you worked for this company before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates: _____
Do you know anyone who works here?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name: _____
Desired Pay:	Hourly Pay \$ _____	Annual Pay \$ _____	\$ _____ Minimum Desired
When are you able to start work?	Date: _____		
In what local area do you prefer to work?	_____		
Position desired:	_____		

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Desert Preschool Academy is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Desert Preschool Academy complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Desert Preschool Academy also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Desert Preschool Academy will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____	TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON	



Month	Year			
		BRIEFLY DESCRIBE YOUR MAJOR DUTIES		

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FROM ____ / ____ Month Year		NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
		CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
		TYPE OF BUSINESS			
TO ____ / ____ Month Year		TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON
		BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED



REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

Skills:

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees. Involuntary transfers may be necessary for compliance due to program needs and ensuring the health and safety of the children are always priority.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for the purpose of evaluating my credentials and qualifications.

SIGNED:

DATE:

