

# JANE ADDAMS DAY CARE CENTERS, INC.

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION** Date Social Security Number Date of Birth

**NAME**  
Last First Middle Initial

**PRESENT ADDRESS**  
Street City State Zip Code

**PERMANENT ADDRESS**  
Street City State Zip Code

**PHONE NUMBER**

**IF RELATED TO ANYONE IN OUR EMPLOYMENT**  
**STATE NAME/AND DEPARTMENT** **REFERRED BY**  
 (OMIT NAME OF SPOUSE)

**EMPLOYMENT DESIRED**  
**POSITION** **DATE YOU CAN START** **SALARY DESIRED**

**ARE YOU EMPLOYED NOW?** **IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?**

**EVER APPLIED TO THIS COMPANY BEFORE?** **WHERE?** **WHEN?**

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	GRADUATED		MAJOR SUBJECTS	AVERAGE GRADE
		YES	NO		
GRAMMER SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

**SUBJECT OF SPECIAL STUDY OR RESEARCH WORK**

**ACTIVITIES: CIVIC, ATHLETIC, ETC**

BELOW LIST LAST FOUR EMPLOYERS BEGINNING WITH PRESENT COMPANY

DAY MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF  
EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CALLED FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

HIRED \_\_\_\_\_ FOR DEPT \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_ SALARY  
WAGES \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Head Teacher Director