



## Application for Employment

**This section is for office use only. Please complete all other sections.**

Reference check completed on: \_\_\_\_\_ Date started: \_\_\_\_\_ Wage: \_\_\_\_\_  
 Program Hired for: \_\_\_\_\_ Position: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years or older?  Yes  No      Do you have a diploma or GED?  Yes  No

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ Wage Preference: \_\_\_\_\_

Preferred work hours & days: \_\_\_\_\_  Full Time     Part Time

Please attach a copy of documentation for the following if current.

CPR qualification date: \_\_\_\_\_ First Aid qualification date: \_\_\_\_\_

TB Test date: \_\_\_\_\_ HIV Class completion date: \_\_\_\_\_

**Education: (High School, College, University, Trade School, etc.)**

Name & Location	Dates Attended	Date Graduated	Degree/Certificate

Licenses, certificates, diplomas, or other credentials that are related for the job you are applying for:  
 \_\_\_\_\_

Early Education Courses Taken:  
 \_\_\_\_\_

Special Skills or Talents:  
 \_\_\_\_\_

Volunteer work experience. Please include name, phone number, dates, and a brief description of duties.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Employment Experience

<b>Employed By:</b>	Telephone Number:	From (Month, Year)	
Address:		To (Month, Year)	
Specific Duties:		Hours Per Week/Last Salary	
Reason for leaving:		Contact Person's Name	
<b>Employed By:</b>	Telephone Number:	From (Month, Year)	
Address:		To (Month, Year)	
Specific Duties:		Hours Per Week/Last Salary	
Reason for leaving:		Contact Person's Name	
<b>Employed By:</b>	Telephone Number:	From (Month, Year)	
Address:		To (Month, Year)	
Specific Duties:		Hours Per Week/Last Salary	
Reason for leaving:		Contact Person's Name	
May we contact your past and present employers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Professional/Personal References:</b>			
Name:	Phone Number:	Relation:	How long have you known them?
Why are you seeking a position with Country Dawn?			
What do you feel best qualifies you for this position?			
Would you be willing to continue your education by enrolling in courses or training programs that may be recommended?			
To the best of your knowledge and belief, do you have any physical or mental conditions which may restrict or impair your performance in the position you are applying for?			
Signature:			Date: