

ESW IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

PERSONAL INFORMATION

	ease print clearly. Use additional pages as	-		
1.	Name: First	Middle	La	ast
2.	Address: Street	City	State	Zip
3.	Telephone Number: ()	2		P
4.	Email Address:			
5.	Are you 18 years of age or older?	🗌 Yes 🔲 No		
6.	Do you have a legal right to work in the	e United States? 🗌 Yes 🔲 No		
	If employed, you will be required to provid			
7.	Have you applied to Easterseals for en If yes, when?			
8.	Do you have any relatives currently en If yes, who?			
9.	Have you ever used another name that	we would need in order to verify your	employment experience	ce and education?
10.	Have you been convicted of a crime (fe If yes, state when, where, and the nature	elony/misdemeanor), or entered a plea	of guilty/no contest to	a crime? 🗌 Yes 🗌 No
		his information will be reviewed for job-re		
11	Are you currently employed?			
	You may contact my current employer, bu			

POSITION

1.	Which position are you applying for?		
2.	How did you hear about the availabilit	y of the position for whicl	n you are applying?
	Campus Advertisement	Newspaper	Current Employee, Name
	🗌 Job Fair	Internet Source	Other:

3. Have you been given a Job Description, or have the requirements of the job been explained to you?
Yes No Do you understand these requirements? Yes No

EXPERIENCE/SPECIAL SKILLS

Related Experience: List any pertinent experience you have obtained, not listed under Employment Experience.

Name of Organization	Location	Position	Dates (Month/Yr.) From To

Current:

CPR 🗌 🕅	lo 🗌 Yes	If yes, where obtained:	Expiration Date:
First Aid	lo 🗌 Yes	If yes, where obtained:	Expiration Date:
Food Handler Permit 🗌 N	lo 🗌 Yes	If yes, where obtained:	Expiration Date:

Languages: Please indicate any languages other than English, which you read, speak, understand &/or write, and at what level:

LANGUAGE		READING	ì	S	PEAKIN	G	UNDERSTANDING			1	WRITING FLUENT GOOD FAIR	
EANOUAGE	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR / DEGREE	Circle Last Year
High School			9 10 11 12
Community College		Major: Degree: □ Yes □ No	12
College/University		Major: Degree: □ Yes □ No	1234
Graduate School		Major: Degree: □ Yes □ No	1234
Business/Trade/Night School		Field/Area of Focus: ————————————————————————————————————	1234

Other Trainings and Certifications: Please list other trainings or certifications you have received. For jobs in our Child Dedvelopment Cednters, include how many ECE credits you have and/or Stackables attained.

EMPLOYMENT EXPERIENCE

<u>Directions</u>: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer		Dates Employed		Key Responsibilities	
			From	То		
	Address					
	Telephone Number	Supervisor's Name, Title and Telephor	ne Number			
	()					
	Job Title					
	Reason for Leaving: [Resigned Laid off Discharged				
	Why?					

2.

Employer		Dates E	mployed	Key Responsibilities		
		From	То			
Address						
Telephone Number	Supervisor's Name, Title and Telephor	ne Number				
()						
Job Title						
Reason for Leaving:	Resigned Laid off Discharged	-				
Why?						

3.

Employer	Dates E	mployed	Key Responsibilities		
	From	То			
Address					
Telephone Number Supervisor's Name, Title and Telepho	ne Number				
()					
Job Title					
Reason for Leaving: Resigned Laid off Discharged	-				
Why?					

EMPLOYMENT REFERENCES:

Please provide 3 professional references (at least 2 must be current/former Supervisors):

Phone # and Email - please include both	Relationship
	Phone # and Email - please include both

CERTIFICATION

DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

Initial here	I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of ESW regardless of the time that has elapsed before discovery.
Initial here	I authorize ESW or it's designated agents to contact my references and to investigate my past employment, credit history, education credentials, background check, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to ESW from all liability or responsibility with respect to information supplied to ESW.
Initial here	I understand that filing this application in no way assures me a position with ESW, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either ESW or myself.
Initial here	If employed by ESW, I agree to abide by the rules, policies and procedures of ESW and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that ESW believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of ESW during the time of my employment.

Signature of Applicant

Date