



# POSITION

1. Which position are you applying for? \_\_\_\_\_

2. How did you hear about the availability of the position for which 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       No    Yes    If yes, where obtained: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
 First Aid       No    Yes    If yes, where obtained: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
 Food Handler Permit  No    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			SPEAKING			UNDERSTANDING			WRITING		
	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		Field/Area of Focus: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

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

## EMPLOYMENT EXPERIENCE

**Directions:** 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	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
<b>Why?</b>				

## EMPLOYMENT REFERENCES:

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

Name	Phone # and Email - please include both	Relationship

## CERTIFICATION

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

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.

\_\_\_\_\_  
*Initial here*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date