

Education

High School _____ Yrs attended: _____

Graduated? Yes No

GED Certificate: _____ MO/YR: _____

College: _____ Yrs attended: _____

Graduated? Yes No

Major: _____

Other: _____ Yrs attended: _____ Graduated? Yes No

CDL _____ Expiration date: _____

Endorsement: _____

Have you ever attended school or worked under another name? If so, under what name?

Specialized Skills

Languages spoken and / or written: _____

Computer skills and other equipment skills: _____

Office skills and office equipment: _____

Legal

Are you a US citizen? Yes No If 'no' can you provide valid documentation to work in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No If 'yes', please explain below:

Personal and Professional References:

List 4 people who have firsthand knowledge of your character, personality and experience:

1. Full Name: _____

Occupation: _____

Address: _____

Relationship to you: _____

Phone number: _____

2. Full Name: _____
Occupation: _____
Address: _____
Relationship to you: _____
Phone number: _____

3. Full Name: _____
Occupation: _____
Address: _____
Relationship to you: _____
Phone number: _____

4. Full Name: _____
Occupation: _____
Address: _____
Relationship to you: _____
Phone number: _____

Other Information:

Have you ever been in trouble with the law? (other than traffic violations)? Yes ____ No ____ if "yes", please explain:

Please give your reasons for wanting to work at Brighter Angels Learning Center:

Other direct, unpaid experience with children (such as, Sunday School Teacher, Scout Work or Volunteer at any daycare, internships):

Employment History

List employment, starting with current or most recent employer. Account for any periods of unemployment.

1

Date: (MO/YR)	Employer	Position/Supervisor	Duties	Salary Per Hr.
From:	Name:	Position:		Start:
To:	Phone#	Supervisor:		Finish:

Reasons for leaving:

May we contact this employer: Yes _____ No _____

2

Date: (MO/YR)	Employer	Position/Supervisor	Duties	Salary Per Hr.
From:	Name:	Position:		Start:
To:	Phone#	Supervisor:		Finish:

Reasons for leaving:

May we contact this employer: Yes _____ No _____

3

Date: (MO/YR)	Employer	Position/Supervisor	Duties	Salary Per Hr.
From:	Name:	Position:		Start:
To:	Phone#	Supervisor:		Finish:

Reasons for leaving:

May we contact this employer: Yes_____ No_____

4

Date: (MO/YR)	Employer	Position/Supervisor	Duties	Salary Per Hr.
From:	Name:	Position:		Start:
To:	Phone#	Supervisor:		Finish:

Reasons for leaving:

May we contact this employer: Yes_____ No_____

Brighter Angels requires its employees to obtain at least 20 hrs of training per year. Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? Yes_____ No_____

Please Read Carefully:

In submitting this application, I understand that an investigation may be made whereby information is obtained in regards to my character, previous employment, general reputation, educational background, and criminal history. I authorized any person(s) with this information to furnish it to Brighter Angels Learning Center, upon request and I release anyone so authorized, Brighter Angels Learning Center and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may results in immediate dismissal. I also understand that I am to abide by all rules and regulations of Brighter Angels Learning Center.

I also understand that Brighter Angels requires a random drug testing at any time before and during the time I am employed with the company.

I understand and agree that if employed, it is "at will". I understand that either Brighter Angels or I may end the employment at any time for any reason or no reason at all, I understand that receipt of this application does not imply employment and that this application or any other company documents are not contract of employment.

Applicant Signature: _____

Date: _____

Office Use Only:

Interview Date	Hired Date	TB Test	Fingerprint/ Clearance Card Exp. Date	1st Aid/CPR Card Exp. Date	Last Date Of Employment

Interviewed comments:

Age group desired: _____

Salary \$ _____ per hour Full Time Part Time Class Assigned: _____

Interviewed by: _____