



Employment Application

DOH _____
(Office Use)

Name: _____ Date Available to Start: _____

Current Address: _____ Town: _____

Home/Cell #: _____ Home/Cell #: _____

Email: _____ Referred By: _____

Position Applying for: ___Teacher ___Assistant ___Other ___ Full Time ___ Part Time

Days/Hours Available to Work:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

Education History:

	Name & Location	Years Attended	Degree Received	Subjects Studied
High School				
College				
Trade School				
Other				

Former Employers (List Below the last three employers, starting with most recent first):

<u>Dates:</u> <u>From - To</u>	<u>Employer Name, Town,</u> <u>Phone#</u>	<u>Hourly</u> <u>Rate</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>	<u>May we</u> <u>Contact</u> <u>Y/N</u>

Other Trainings or Certificates held: _____

Hobbies: _____



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References:

<u>Name</u>	<u>Phone #, Email</u>	<u>Relationship/Business</u>	<u>Years known</u>

Authorization:

I certify that the facts in this application are true and complete to the best of my knowledge and understand that if employed. Falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary the foregoing unless it is in writing and signed by an authorized company representative.

Applicant Signature: _____ Date: _____

***Please forward application to: Alicia.busybeepreschool@gmail.com
Or mail to 69 Washington Street Whitman MA 02383

Office Use Only:

Reference 1 Check:

Date: _____

Reference 2 Check:

Date: _____

Paperwork given: Date: _____ Initial: _____

Handbook emailed: Date: _____ Initial: _____