

APPLICATION FOR EMPLOYMENT

| Name | | | | | | | | |
|---|----------|------------------------|----------------|-------------------|---|--|--|--|
| L | Last | | First | | Middle | | | |
| Address | | | | | | | | |
| L | Stı | reet | City | | State/Zip | | | |
| Telephone | | | Email | l | | | | |
| For backgr | ound ch | eck purposes, please p | rovide the fol | lowing: | | | | |
| Social S | Security | Number | | | | | | |
| Current County of Residence | | | | | | | | |
| Birthdate and Birthplace | | | | | | | | |
| EMPLOYMENT DESIRED | | | | | | | | |
| Position(s) |) | able to start work | | | | | | |
| Willing to work Full-time? Yes No Part-time? Yes No Substitute? Yes No | | | | | | | | |
| Are you presently employed? Yes No If yes, may we contact your present employer? Yes No | | | | | | | | |
| | | Name and Location | n of School | Years Attended | Degree(s) and/or Certification(s) Received | | | |
| Elementary | School | | | | | | | |
| High School | | | | | | | | |
| College | | | | | | | | |

| Name and Address of | Dates | Phone | | |
|---------------------|---------------------------|--------------------------------|----------------------|--------------------------|
| Employer | Employed | Number | Your Position | Reason for Leaving |
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| | | | | |
| | | | you have known at | least six months, such a |
| your pasto Name | or, teacher, cowo | rker, etc. ion, City, State | Phone Number | Relationship to You |
| Name | Organization, Grey, State | | Thone Number | Relationship to Tou |
| | | | | |
| | | | | |
| | | | | |
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| EASON FOR APPLYING | Why are you into | erested in workir | ng at SONshine Preso | chool? |
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AUTHORIZATION

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such people and organizations from any legal liability in making such statements.

| I have read, understand and agree t | to the above statements. | |
|--|--------------------------|--|
| Date | Signature | |
| copy of Statement of Faith. | 0 | sonshine Preschool |
| Applications should be sent to: director@sonshinepreschool.or | | Attn: Director 726 North C Oskaloosa, IA 52577 |