Little Boots Early Learning Center application for employment

11840 Delaware Ct. Northglenn, CO 80234 Phone: (303) 452-8200

		Date	Last Name
PERSONAL INFORMATIO	N		
Name (Last Name, First Name)			
Address	City	State_	Zip
Phone	Cell		
EMPLOYMENT DESIRED			
Position:	Date You Can Start:	Salary: _	
Are you currently Employed? YES _	NO		
If so, may we contact your employer?	YESNO		
Have you ever been convicted of any crimo	e including a sex-relat	ted or child abuse offer	nse?YESNO
Are your hours flexible? YES N	0		
Are you willing to work the afternoon shift	t? YES NO		

EDUCATION HISTORY

	Name & Location of School	Years Attended?	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

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	ENTS OF	R INTER	ESTS:		

PREVIOUS EMPLOYMENTS
(Starting with the most recent, list your last four employers below)

Duration	Name, Address, and Phone Number of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

(Give the names of three persons, not related to you, whom you have known at least one year)

Name	Phone	Business	Years Known
	1		

PHILOSOPHY Briefly describe your philosophy of early childhood education	

AUTHORIZATION

I certify that the facts contained in this application are true, correct and complete to the best of my knowledge. I also understand that any false statements given on this application will constitute grounds for dismissal of my employment.

I also authorize the investigation of all written statements contained herein and that any agents of Little Boots ELC are allowed to obtain information concerning my previous employment and any pertinent information resultant from that investigation.

Signature	Date

DO NOT WRITE ON THIS PAGE

INTERVIEWED BY			_ DATE
REMARKS:			
-			
-			
Neatness:		Character:	
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Personality:		Ability:	
Hired:	Position:	Start Date:	Salary: