

POSITION APPLIED FOR:					
LOCATION PREFERRED (circle): Grove (192 <sup>nd</sup> & Pacific) Village Pointe (180 <sup>th</sup> & Dodge) Spring Ridge (180 <sup>th</sup> & Pacific					
Full Name:		_ Date	e:		
Address:		-			
City:		State:	Zip:		
Phone:					
Email:		-			
Are you currently employed? May we contact your current employer? Do you have the legal right to work in U.S.	Yes Yes S? Yes	No			
. EDUCATION:					
High School:					
Address:			<del></del>		
Graduated Yes No	Degree and Subject:				
Business/Trade:					
Address:			· · · · · · · · · · · · · · · · · · ·		
Graduated, Certificate: Yes No	Degree and Subject:		<del></del>		
College/University:					
Address:	<del>-</del>				
Graduated: Yes No	Degree and Subject:				
College/University:			<del>-</del>		
Address:					
Graduated: Yes No	Degree and Subject:				

## EMPLOYMENT APPLICATION (Continued)

II. PREVIOUS EMPLOYMENT (please list most recent first. Fill out all sections to the best of your ability)

Company:	From (mm/yyyy)	To (mm/yyyy)
Title:	DI	
	Phone:	
Duties:		
City:	State	Zin
City:	State	Zip
Reason for leaving:		
		<del></del>
Company:		
Title:	(mm/yyyy)	(mm/yyyy)
Address:	Phone:	
Duties:		
City:	State	Zip
Reason for leaving:		
Company:	From (mm/yyyy)	To (mm/yyyy)
Title:		
Address:	Phone:	
Duties:		
City:	State	Zip
Peason for leaving:		

## EMPLOYMENT APPLICATION (Continued)

III: REFERENCES: Please list past supervisors (preferably), dotted line supervisors, or business colleagues who would be most familiar with your experience:

Name:		Phone:
Company:		
Position:		
Address:		
City:		
Working Relati	onship:	
Email:		
Name:		Phone:
Company:		
Position:		
Address:		
City:		
Working Relati	onship:	
Email:		
Name:		Phone:
Company:		
Position:		
Address:		
City:		
Working Relati	onship:	
Email:		

## EMPLOYMENT APPLICATION (Continued)

## **JOB RELATED SKILLS** IV.

Please list any additional job-related skills or qualifications:				
V. <u>SIGNATURE AND UNDERSTANDING OF AT-WI</u>	ILL EMPLOYMENT:			
investigations of all statements contained in this applicat employment decision, I also authorize you to conduct a ba	e best of my knowledge. I authorize you to make suclion for employment as may be necessary in arriving at an ackground check. In the event I am employed, I understand or interview(s) may result in discharge. I also understand procedures of Small Miracle Preschool and Child Care.			
	ion is terminable at-will. There is no definite period and my the company (employer) at any time and for any reason ne company or myself.			
Signature Applicant	Date			
оідпаше дриюант				
Printed Name	<del></del>			