

LITTLE SEEDS LEARNING CENTER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
FIRST NAME		MIDDLE NAME		LAST NAME
DATE OF BIRTH		GENDER		SOCIAL SECURITY NO.
PHONE NO.		SECONDARY PHONE NO.		EMAIL ADDRESS
STREET ADDRESS			CITY	STATE ZIP

EMPLOYMENT DESIRED		
POSITION APPLYING FOR		DATE YOU CAN START SALARY DESIRED
EMPLOYMENT DESIRED ☐ FULL TIME ☐ PART TIME ☐ SEASONALLY		WILL YOU WORK OVERTIME? ☐ YES ☐ NO
ARE YOU LEGALLY AUTHORISED TO WORK IN THIS COUNTRY? ☐ YES ☐ NO		HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO
HAVE YOU EVER BEEN CONVICTED OF FELONY? ☐ YES ☐ NO	IF YES, PLEASE EXPLAIN	

EDUCATION				
HIGH SCHOOL	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED ☐ YES ☐ NO
COLLEGE	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED ☐ YES ☐ NO
POSTGRADUATE	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED ☐ YES ☐ NO
OTHER	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED ☐ YES ☐ NO

PREVIOUS EMPLOYMENT			
EMPLOYER NAME		PHONE NO.	START DATE END DATE
ADDRESS			JOB TITLE
JOB DUTIES		REASON FOR LEAVING	
MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO	SUPERVISOR NAME		PHONE NO.

PREVIOUS EMPLOYMENT			
EMPLOYER NAME	PHONE NO.	START DATE	END DATE
ADDRESS		JOB TITLE	
JOB DUTIES		REASON FOR LEAVING	
MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO	SUPERVISOR NAME	PHONE NO.	

PREVIOUS EMPLOYMENT			
EMPLOYER NAME	PHONE NO.	START DATE	END DATE
ADDRESS		JOB TITLE	
JOB DUTIES		REASON FOR LEAVING	
MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO	SUPERVISOR NAME	PHONE NO.	

SKILLS AND ABILITIES	
COMPUTER SKILLS	LEVEL ☐ PROFICIENT ☐ ADVANCED ☐ INTERMEDIATE ☐ BEGINNER
SOFT SKILLS	
LANGUAGES SPOKEN	LEVEL ☐ PROFICIENT ☐ ADVANCED ☐ INTERMEDIATE ☐ BEGINNER

REFERENCES			
NAME	COMPANY	PHONE NO.	RELATIONSHIP
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By signing below, I hereby certify that the above information is correct to the best of my knowledge. I understand that any fabrication of this information may prevent me from being hired or, if already hired, may lead to disciplinary action, up to and including termination.

SIGNATURE

DATE