

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE & AN EQUAL OPPORTUNITY EMPLOYER)  
PERSONAL INFORMATION

DATE \_\_\_\_\_

**NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

**PRESENT ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**PERMANENT ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**PHONE NUMBER (Home)** \_\_\_\_\_ **ARE YOU 18 YEARS OR OLDER?** YES NO

**PHONE NUMBER (Cell)** \_\_\_\_\_ **Personal email:** \_\_\_\_\_

Position applied for \_\_\_\_\_

Age preference \_\_\_\_\_ Days available \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Ever applied to St. Philip Early Learning Ctr. Before: \_\_\_\_\_ When \_\_\_\_\_

**The questions below are required by a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons:**

Are you prevented from lawfully becoming employed in the U.S.? Yes  No

Have you ever been convicted or charged of child abuse, a crime of violence, unlawful sexual behavior, and domestic violence? Yes  No

Have you been convicted of a felony or misdemeanor with in the last 5 years? Yes  No

Have you ever been discharged or requested to resign from any position? Yes  No

If yes, give particulars below. A "yes" answer does not automatically disqualify your from employment since the circumstances of the discharge, in relation to the type of work applied for, will be evaluated.

Education	Name and Location of School	No. Of Years Attended	Did you Graduate	Subjects Studies
High School				
College				
Graduate School				
Trade, Business or Correspondence School				

Are you planning to further your education? No  Yes  When \_\_\_\_\_

To what organizations do you belong? (educational or professional) \_\_\_\_\_

Other special training \_\_\_\_\_

Do you have a special talent or interest? \_\_\_\_\_

Do you play an instrument? No  Yes  What \_\_\_\_\_ Do you like to sing? Yes  No

**FORMER EMPLOYERS:** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS 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	ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which your are being considered?  
No  Yes

If yes, please describe your physical limitation. \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY:**

NAME	ADDRESS	PHONE NUMBER

" I certify that the facts contained 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 statement contained herein and the references listed above to give you any and all information concerning my pervious employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Hired: Yes  No  Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary \_\_\_\_\_