Prince of Peace Early Education Center Application for Employment

Date	_			
Name				
Address		City		
State	Zip	Email		
Home Phone		Cell Phone		
To what organizations do you belong (Professional or Educational)?				
Your hobbies, int		eation?		
What prompted y	ou to apply h	ere? (circle one) Advertisement		
Own Acco	rd Refe	rred Employee Referral		
Position applied t	for?			
When could you report for work?				
Minimum accepta	able salary? _			
Are you available for substitute work?				
Name & Address of High School				
		our education & when?		

Other Special Training Courses Diploma or Certification (please specify)				
Name				
Address				
Phone				
Supervisor's Name				
Reason for Leaving				
NI				
Name				
Address				
Phone				
Supervisor's Name				
Reason for Leaving				
Name				
Address				
Phone				
Supervisor's Name				
Reason for Leaving				
Do you have any special talents?				
Do you play any musical instruments	s?			
Do you like to sing?				

References: (Not including relatives or former supervisors)

Name	Address			
Occupation	Telephone			
Name	Address			
	Telephone			
Name	Address			
Occupation	Telephone			
	Clerical Experience			
(check the ones that apply)				
	(check the check that upproj)			
Bookkeeping	Filing Microsoft Word			
Microsoft Excel	Laminator Internet			
Customer Service Skills	Power Point			
Copy Machine	Other			

I authorize the prospective employer t persons and of my former employers. In the	•				
Prince of Peace EEC, I agree to comply with	· · · · · · · · · · · · · · · · · · ·				
my employment. In the event I should term					
my resignation in writing at least two weeks prior to the date effective.					
It is my understanding that the first three months of my employment are probationary, and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice. It is my understanding that applicants must be able to meet the physical demands of a childcare setting. Examples: lifting up to 35 lbs., standing for long periods of time, exposure to a variety of childhood illnesses, etc					
I attest with my signature below that the information on this application is true. If at any time the information is discovered to be false, termination proceedings are possible.					
Applicant's Signature					
DO NOT WRITE ON THE SPACE BELOW					
Date to start work	Temporary				
Program	Position				
Replaces	Salary				
Remarks					
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