

# SonShine Preschool Employment Application

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

*Staff use only*  
**Employment Date:** \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Days/hours available to work  
 Emergency contact address & Phone #: \_\_\_\_\_  

No Pref \_\_\_\_\_
Wed \_\_\_\_\_
  

Mon \_\_\_\_\_
Thur \_\_\_\_\_
  

Tue \_\_\_\_\_
Fri \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

Date available to begin: \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

ARE YOU WILLING TO HAVE A BACKGROUND CHECK COMPLETED?     No     Yes

HAVE YOU EVER BEEN CONVICTED OF A FELONY?     No     Yes

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Regular     Commercial (CDL)  
Expiration date \_\_\_\_\_ Insurance company: \_\_\_\_\_ policy # \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with SonShine Preschool creates an actual or implied contract of employment. I understand that, if I accept employment with SonShine Preschool, it will be on an at-will basis. This means that either SonShine Preschool or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by SonShine Preschool. I release SonShine Preschool and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize SonShine Preschool to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release SonShine Preschool and its employees from all liability arising from such investigation.

Perjury statement: "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."

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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