

# The After School Program

Application for Employment  
An Equal Opportunity Employer

## PERSONAL INFORMATION:

DATE \_\_\_\_\_

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

SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER ( ) - ARE YOU 18 YEARS OR OLDER  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

## EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? MAY WE CONTACT YOUR CURRENT EMPLOYER?

HAVE YOU EVER APPLIED AT ASP BEFORE? WHEN?

REFERRED BY? \_\_\_\_\_

HAVE YOU BEEN A RESIDENT OF A STATE OTHER THAN ARKANSAS IN THE PAST 6 YEARS? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THIS JOB? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR TECHNICAL SCHOOL				

**GENERAL:**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL SKILLS

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IN CASE OF EMERGENCY NOTIFY:

NAME

PHONE

ADDRESS

RELATIONSHIP TO YOU

**References:**

We are required by law to contact previous employers and/or personal references for each applicant we consider for employment in our child care program. Please complete the form below listing all previous employers during the last 6 years. Mailing addresses and/or telephone numbers are necessary to expedite the hiring process.

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

"I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that the company can terminate employment and compensation with or without notice, at any time. I understand that no company representative, other than the director or owner, and then only when in writing and signed by the said representative, has any authority to enter into any agreement for employment for any specific period of time, or making any agreement contrary to the foregoing."

SIGNATURE

DATE