#### **OUR SAVIOR'S EARLY LEARNING CENTER**

800 Bluff St Ne

Hutchinson MN 55350

320-587-3318

# **Application for Employment**

Position applied for:				
How did you hear about us? Please circle one:				
Advertisement	Friend			
Employment Agency	Nam	e		
Newspaper	Relative	2		
Other (Please list)	Nam	e		
Last Name	First Name	Middle Name		
Address: Number Street	City	State Zip	Code	
Primary Telephone Number		Alternate Phone Number (If applicable)	1	
Email		Best time to call		
If you are under 18 years of age, can you pro	ovide required pr	roof of your eligibility to work?	Yes	No
Have you ever filled out an application with us before? If yes, give date:			Yes	No
Have you ever been employed with us before? If yes, list dates:			Yes	No
Do any of your friends or relatives work here? If yes, state name and relationship:				No
Name Relationship Yes			No	
Are you currently employed? If yes, where?			Yes	No
May we contact your present employer?			Yes	No
Are you prevented from lawfully being emp	loyed in this cou	intry due to VISA or immigration statu	ıs? Yes	No
Date available to start Desired beginning salary			1	
Desired number of hours per week:				
Full time (31 or more hours)	Legular part-time	2 (20-30 hours) Part-time	(less than	n 20)

### **Education (or Attach Resume)**

School	Name & Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

# **Volunteer Experience**

Position	Dates
Duties	
Organization	

Position	Dates
Duties	
Organization	

## Please circle Yes or No

Net Study 2.0 background check complete?	Yes	No
Do you have an account with Develop?	Yes	No

### **Employment History (or Attach Resume)**

Employer	Dates Employed	Duties	
Supervisor	From To		
Address			
Job Title	Hourly Rate/Salary: Beginning	Ending	
<b>Contact Phone Number</b>			
Reason for leaving			
Employer	Dates Employed	Duties	
Supervisor	From To		
Address			
Job Title	Hourly Rate/Salary: Beginning	Ending	
<b>Contact Phone Number</b>			
Reason for leaving			
Employer	Dates Employed	Duties	
Supervisor	From To		
Address			
Job Title	Hourly Rate/Salary: Beginning	Ending	
Contact Phone Number			
Reason for leaving			

**Professional References** (Do not include family members. References should be able to speak knowledgeably about your work abilities and experiences.)

Name	Phone Number	Best time to call	Occupation

## **Additional Information**

Specific, job-related skills, experiences and educa	tion that may add benefit to your hiring status:
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	NOT HAVE BEEN INFORMED A BOUTE THE
DO NOT ANSWER THIS QUESTION UNLESS REQUIREMENTS OF THE JOB FOR WHICH	
	er, with or without a reasonable accommodation, the
activities involved in the job or occupation for which a job or occupation has been given.	n you have applied? A review of the activities in such
YES	NO
110	
Applicant's Statement	
I certify that answers given herein are true and complete.	
~	application for employment as may be necessary in arriving ment shall be considered active for a period not to exceed 60
days. Any applicant wishing to be considered for employ	•
applications are being accepted at that time.	
	ise defined by applicable law, any employment relationship
with this organization is of an "at will" nature, which mea	ans that the employee may resign at any time and the r without cause. It is further understood that this "at will"
employment relationship may not be changed by any writ	tten document or by conduct unless such change is
specifically acknowledged in writing by an authorized ex	ecutive of this organization.
	sleading information given in my application or interview(s) ared to above by all rules and regulations of the employer.
Signature of Applicant	Date