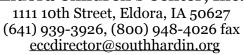
## Eldora Children's Center, Inc.





https://eldorachildrencenter.wixsite.com/2020

| Last Name  | First                                | Middle              | Date                               |                        |   |  |
|--|--------------------------------------|---------------------|------------------------------------|------------------------|---|--|
| Street Address   |                                      |                     | Phone ( )                          |                        |   |  |
| City, State, Zip   |                                      |                     | Email                              |                        |   |  |
| Have you applied here before? Yes No Have you worked here before? Yes No |                                      |                     | Last 4 digits of Social Security # |                        |   |  |
| Position Desired   |                                      |                     | Pay Expected                       |                        |   |  |
| What days and hours more room, use the l                                 | s are you available to work<br>back) | ? (If you need      | Will you work overting             | ne if asked? Yes       | s No  |  |
|  |                                      |                     | What date are you a                | ble to begin?          |   |  |
| Are you legally eligib   | le for employment in the U           | nited States?       | Are you 18 or older?               | •                      |   |  |
|  |                                      |                     |                                    |                        |   |  |
| Yes  | No                                   |                     | Yes                                | No                     |   |  |
|  | No g received relevant to the p      | osition for which y |                                    |                        | k if you need more                            |  |
| Describe any training  |                                      | osition for which y |                                    |                        | k if you need more                            |  |
| Describe any training  |                                      | osition for which y |                                    |                        | k if you need more                            |  |
| Describe any training  |                                      | osition for which y |                                    |                        | k if you need more                            |  |
| Describe any training  |                                      | osition for which y | ou are applying for (p             |                        | k if you need more  Type of Degree or Diploma |  |
| Describe any training room).   | received relevant to the p           |                     | you are applying for (p            | lease write on the bac | Type of Degree or                             |  |
| Describe any training room).   | received relevant to the p           |                     | you are applying for (p            | lease write on the bac | Type of Degree or                             |  |
| Describe any training room).  School  Graduate School                    | received relevant to the p           |                     | you are applying for (p            | lease write on the bac | Type of Degree or                             |  |

## **EMPLOYMENT**

Please give accurate and complete employment history. Start with your present or most recent employer. Attach an additional sheet or resume if necessary.

| Company Name  | Telephone   |                   |
|---|---|-------------------|
|   | ( )   |                   |
| Address (with city and state)                                   | Employed - (month                                   | and year)         |
|   | From  | То                |
| Name of Supervisor  | Pay Rate  |                   |
|   | Start   | Last              |
| Job Title & Describe your work                                  | Reason for Leaving                                  |                   |
|   |   |                   |
| Company Name  | Telephone   |                   |
|   | ( )   |                   |
| Address (with city and state)                                   | Employed - (month and year)                         |                   |
|   | From  | То                |
| Name of Supervisor  | Pay Rate  |                   |
|   | Start   | Last              |
|   |   |                   |
| Job Title & Describe your work                                  | Reason for Leaving                                  | ]                 |
|   |   | ]                 |
| Job Title & Describe your work  Company Name                    | Telephone   | ]                 |
| Company Name  | Telephone   |                   |
|   | Telephone ( ) Employed - (month                     | and year)         |
| Company Name  Address (with city and state)                     | Telephone ( ) Employed - (month                     |                   |
| Company Name  | Telephone ( ) Employed - (month From Pay Rate       | and year)         |
| Company Name  Address (with city and state)  Name of Supervisor | Telephone ( ) Employed - (month From Pay Rate Start | and year) To Last |
| Company Name  Address (with city and state)                     | Telephone ( ) Employed - (month From Pay Rate       | and year) To Last |
| Company Name  Address (with city and state)  Name of Supervisor | Telephone ( ) Employed - (month From Pay Rate Start | and year) To Last |
| Company Name  Address (with city and state)  Name of Supervisor | Telephone ( ) Employed - (month From Pay Rate Start | and year) To Last |

## **REFERENCES**

Please give accurate and complete contact information.

| Name  | Relationship | Years Known | Contact Information |  |  |
|---|--------------|-------------|---------------------|--|--|
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
| Membership in Professional or Civic Organizations |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |
|   |              |             |                     |  |  |

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work. I understand that any information I give may be investigated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me or for me to continue my employment with ECC in the future.

| Signature: _ | <br> | <br> |  |
|--------------|------|------|--|
| _            |      |      |  |
| Date:        |      |      |  |