

Cabool Second Baptist Daycare
 PO Box 758
 Cabool, MO 65689

EMPLOYMENT APPLICATION				Date: _____	
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Last) (First) (Middle) </div>					
Present Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Number/Street) (City) (State) (Zip) </div>					
Home Phone: _____			Cell Phone: _____		
Email Address: _____			Social Security Number: _____		
Employment Desired (select one): Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Summer Only <input type="checkbox"/>					
Position Desired: Infant <input type="checkbox"/> Toddler/PreK <input type="checkbox"/> After School <input type="checkbox"/> Food Services <input type="checkbox"/> Floater <input type="checkbox"/>					
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____					
How many hours per week can you work? _____			When are you available to begin? _____		
What days and times can you work?					
Day	Start Time	End Time	Day	Start Time	End Time
Monday			Tuesday		
Wednesday			Thursday		
Friday			No Preference		
EDUCATION HISTORY					
High School Name and Address: _____ _____ _____			College Name and Address: _____ _____ _____		
From: _____ to _____ Graduation Year: _____			From: _____ to _____		
Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____			Degree Obtained: _____		
EMPLOYMENT HISTORY					
Employer Name and Address: Supervisor's Name: _____		Position Title/Duties/Skills: 		Start Date: End Date: Reason for Leaving: _____	
Employer Name and Address: Supervisor's Name: _____		Position Title/Duties/Skills: 		Start Date: End Date: Reason for Leaving: _____	
Employer Name and Address: Supervisor's Name: _____		Position Title/Duties/Skills: 		Start Date: End Date: Reason for Leaving: _____	

PROFESSIONAL REFERENCES

Name:	Phone:
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Company Name and Address:

How long have you known this reference?	Relationship:
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Name:	Phone:
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Company Name and Address:

How long have you known this reference?	Relationship:
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Name:	Phone:
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Company Name and Address:

How long have you known this reference?	Relationship:
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MILITARY SERVICE

Branch:	Dates of Service:
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Rank at Discharge:	Type of Discharge:
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If other than honorable, please explain:

DISCLAIMER AND SIGNATURE

I certify that the information on this application are true and complete to the best of my knowledge. I understand that this application is not a guarantee for employment. I understand that this application will only be kept on file for six months and if no vacancies are available, I will need to complete a new application to be considered for future vacancies. By signing this application, I am giving CSB Daycare permission to contact the employment and/or professional references listed on this application and understand that additional references may be requested. If I am hired by CSB Daycare, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

For CSB Daycare Use

Application received by CSB Daycare staff: _____

Feedback from references: