



# APPLICATION FOR EMPLOYMENT

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## PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name:

Last

First

Middle

Address:

Street

(Apt)

City, State

Zip

Alternate Address:

Street

City, State

Zip

Contact Information:

( )

Home Telephone

( )

Mobile

Email

POSITION SOUGHT:

Before Care

After School Program

Desired Pay Range: \_\_\_\_\_

Hourly

Are you currently employed? \_\_\_\_\_

Are you trained in:

CPR

AED

First Aid

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## EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

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Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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## PREVIOUS EXPERIENCE

Please list most recent first

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

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Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

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Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

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Vernon PAL is an at-will employer. This means that regardless of any provision in your employee handbook, either you or the organization may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in the Employee Handbook or in any document or statement, written or oral, shall limit the right to terminate employment-at-will. No officer, employee or representative of the organization is authorized to enter into an agreement – express or implied – with any employee for employment other than at-will unless those agreements are in a written contract signed by the Executive Director or Assistant Director of Vernon PAL. \_\_\_\_\_(initial)

I understand that each applicant over the age of 18 must complete a Child Abuse Record Information (CARI) background check and a Criminal History Record Information fingerprint background check. \_\_\_\_\_(initial)

I certify that all information is true and accurate \_\_\_\_\_

Signature