## The Clifton School

## EMPLOYMENT APPLICATION

<u>PERSONAL:</u>						
Name						
Street Address				<del></del>		
City, State, Zip						
Home Phone	me PhoneBusiness Phone					
Position Desired		() F	ull time () Pa	rt time		
Days/Hours Available	vs/Hours Available Pay Desired					
When would you be available to begin work?						
Are you legally eligible for employment in the U.						
License? Have you ever been discharged Some lifting of young children and some picking up and in Do you have any physical or mental handicap that would position?	noving of furniture interfere with your	e and equipment ability to perfo	t (10 to 50 lbs.)	) may be required.		
EDUCATION:	1	1	1	D 011		
Name and Location of High School / College	Course of Study	# Years Completed	Did you Graduate?	Degree or Diploma		
PROFESSIONAL REFERENCES - (PREVIOUS SU	PERVISORS O	NLY):				
Name and Address	Company		Telephone			
<b>EMPLOYMENT CONDITIONS:</b> The information that I have provand subject to validation by The Clifton School. I understand and agree that application may be justification for refusal of employment and if employed	hat any material misre					
Signature	 Date			_		

**EMPLOYMENT HISTORY:** Please give accurate, complete information regarding full-time and part-time employment beginning with current or most recent employer(s).

Company Name				
Address				Otata 71D
Street			City	State ZIP
Name of Supervisor				
State job title and describe your work				
Telephone		Employed from	Month/Year	to Month/year
Rate of pay: starting	ending			World #year
Reason for leaving				
Company Name				
Address			0"	0 710
Street			City	State ZIP
Name of Supervisor				
State job title and describe your work				
Telephone		Employed from	Month/Year	to Month/year
Rate of pay: starting	ending			wonunyedi
Reason for leaving				
Company Name_				
AddressStreet			City	State ZIP
Name of Supervisor				
•				
State job title and describe your work				
Telephone		Employed from	Month/Year	to Month/year
Rate of pay: starting	ending	-		·
Reason for leaving				
Company Name				
Addross				
AddressStreet			City	State ZIP
Name of Supervisor				
State job title and describe your work				
Telephone		Employed from	Month/Year	to_ Month/year
Rate of pay: starting	ending		_	•
Reason for leaving				

What is your favo	orite age group to work with?		
What is your favo	orite children's book?		
Give three words	that describe your self:		
1	2	3	
	best friends say are your 2 grea		
	best friends say are your 2 great best friends say are your 2 bigg		
What would your	best friends say are your 2 bigg		
What would your How do children	best friends say are your 2 bigg	est weaknesses?	
What would your How do children	best friends say are your 2 bigg	est weaknesses?	

## FOR OFFICE USE ONLY:

NOTES:

1 <sup>st</sup> Reference:	
Name	Date Called:
Phone:	
Organization:	
NOTES:	
2 <sup>nd</sup> Reference:	
Name	
Phone:	
Organization:	
NOTES:	
3rd Reference:	
Name_	Date Called:
Phone:	
Organization:	
NOTES:	
4th Reference:	
Name	Date Called:
Phone:	
Organization:	