

Tree House Academy

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry or veteran status.

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Social Security #: _____ Drivers License # _____

Email: _____

Position Applied For: _____ Desired Wage: _____

Date Available: _____ Full Time: _____ Part Time: _____

Are you at least 18 years old? Yes No

Are you a U.S. Citizen or are you? Yes No If No, are you able to work in the U.S.? Yes No

Education

	Name and Location	Years Completed	Degree, Major or Course Completed
High School			
College			
Other			

Do you have any commitments that might affect your employment with us? Yes _____ No _____

If Yes, Please Explain: _____

Are you, or have you ever been in the Armed Forces? Yes _____ No _____

If Yes, Please Explain: _____

Have you ever been arrested or charged with a crime involving a child or been asked to resign or been de-certified for a sexual offense? Yes _____ No _____

If Yes, Please Explain: _____

Have you ever been convicted of a Criminal Offense? Yes _____ No _____

If Yes, Please Explain: _____

Describe any other special training you have had which you feel will be pertinent. Including Continuing Education Units. Give dates, locations and names of the organization or agency sponsoring the training.

List any professional licenses, certifications or credentials you hold.

Describe any other experience you have had which you feel is pertinent. Include volunteer work and give dates and locations.

Employment History

Please List or More Recent Employer First

Employer	Dates of Employment	Job Title
Address	Salary/Wage	Name of Supervisor
Telephone	Duties	May We Contact
Reasons for Leaving		

Employer	Dates of Employment	Job Title
Address	Salary/Wage	Name of Supervisor
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Please List Three Professional References:

Full Name: _____ Relationship: _____

Address: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Address: _____

Company: _____ Phone Number: _____

Full Name: _____ Relationship: _____

Address: _____

Company: _____ Phone Number: _____

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that the first ninety (90) days of my employment will be considered a training period, during which, benefits shall not accrue, and that my employment can be terminated without cause at any time during such or thereafter at the discretion of either the company or myself.

Signature: _____ Date: _____

Please finish the following statements:

When a child cry's for no reason:

Children's parents:

Your relationship with management:

Children Biting:

The best part of working with children is:

The worst part about working with children:
