



Small Wonders Employment Application:

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizen status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

DATE: _____

PERSONAL INFORMATION

Name: _____ Social Security # _____ - _____ - _____

Present Address: _____

Home Phone: _____ Cell Phone: _____

How long have you lived at the address above? _____

Are you over the age of 18? () Yes () No – *If not, employment is subject to verification that you are of minimum legal age.*

What languages can you read, speak, and write fluently? _____

If not a citizen of the U.S. can you provide proof that you can be legally employed in the U.S.? () Yes () No () N/A

EMPLOYMENT INFORMATION

Position applying for: _____

Date available for work: _____

What salary/hourly rate do you expect? _____

Type of employment: () Full Time () Part Time () Temporary

*If part time - Days: _____ Hours: _____

Have you ever applied for a job with us before? () Yes () No

Have you ever worked for us before? () Yes () No

Have you ever been bonded? () Yes () No

Have you ever been refused bond? () Yes () No

* If yes, state reason and date _____

Have you ever been convicted of any crime other than a minor traffic violation?

() Yes () No * If yes, state date, court and place where offence occurred

Have you ever been discharged or requested to resign from a position?

() Yes () No * If yes, explain _____

Are there any skills, experiences, or qualifications which you feel would especially fit you for work with Small Wonders? _____

EDUCATION INFORMATION

Schooling	Years Completed	Degree Received And Major Subject	Name of School	Location	Did You Graduate?
Grammar or High School					
Trade Bus. Or Correspondence					
College					
Graduate School or Seminary					

Describe any specialized or professional training (such as computers etc.). If you are currently enrolled in school, what are you studying? _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? () Yes () No

* If yes, what branch? _____

Dates of duty: From: Month_____ Day_____ Year_____

To: Month_____ Day_____ Year_____

Rank at discharge: _____

List duties in the service including special training: _____

PRIOR WORK RECORD

(Please start with the most recent employer)

1. Name of Employer: _____

Phone number: _____

Address: _____

Name and position of Immediate Supervisor: _____

Date of Employment: From_____ To_____

Position, Title & Duties: _____

Starting pay rate: _____ Ending pay rate: _____

Reason for leaving: _____

2. Name of Employer: _____

Phone number: _____

Address: _____

Name and position of Immediate Supervisor: _____

Date of Employment: From_____ To_____

Position, Title & Duties: _____

Starting pay rate: _____ Ending pay rate: _____

Reason for leaving: _____

3. Name of Employer: _____
Phone number: _____
Address: _____
Name and position of Immediate Supervisor: _____
Date of Employment: From _____ To _____
Position, Title & Duties: _____
Starting pay rate: _____ Ending pay rate: _____
Reason for leaving: _____

May we contact the employers above? _____ If not indicate by number
which one(s) you would not like us to contact: _____

REFERENCES

(Please do not list relatives)

Name: _____ Phone number: _____

Years known: _____ Occupation: _____

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Years known: _____ Occupation: _____

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Years known: _____ Occupation: _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that employment is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time.

I authorize the use of any information on this application and any attached supplements to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant

Date