CHILDREN'S WORLD 1221 EAST 6TH STREET SHELDON, IA 51201 PHONE: 712-324-4837 FAX: 712-324-4838



	A PPLIC	ATION FOR EMPL	OYMENT	
APPLICANT INFORM	ATION			
Date of Application		Position A	pplying For	
First Name		Last Name		
Street Address		City	State	Zip
Best Phone Number	to Reach You	Ве	st Time to Call You	
Email Address:				
Social Security #		Date of B	irth	
Are you a U.S. citizer	n? 🛛 Yes 🖵 No	If no, what is your s	tatus?	
Have you ever filed a	In application here b	efore? 🛛 Yes 🖵 N	lo If yes, when?	
Did someone refer yo	ou to Children's Worl	d? 🛛 Yes 🖵 No	If yes, who?	
If hired, when would	you be available to	start work?		
How many hours per	week would you like	e to work?		
What hours are you a Children's World is o		6:00pm, Monday thro	nuah Friday	
		Wednesday		Friday
Have you ever been Have you ever been		□ No ⁄? □ Yes □ No	If yes, please exp	olain below.
Have you ever been investigation? If yes,		abuse or neglect cou v.	rt action or official	🗆 Yes 🔲 No
, , , ,		dical impairment or di which you are applyin		mit 🗖 Yes 🗖 No

Employer		Phone Number
Street Address		
		Zip
Immediate Supervisor		Supervisor's Title
Reason for leaving		
		Pay End Pay
May we contact for references?	🗆 Yes 🗖 No 🗖 La	ater
		Phone Number
Street Address		
City	State	Zip
Immediate Supervisor		Supervisor's Title
Reason for leaving		
Summary of job		
Start Date End I	Date Start	Pay End Pay
May we contact for references?	🗅 Yes 🗅 No 🗅 La	ater
Employer		Phono Number
		Phone Number
Street Address		
City		Zip
Immediate Supervisor		Supervisor's Title
Reason for leaving		
		Pay End Pay
May we contact for references?	🗅 Yes 🗅 No 🗅 La	ater

EMPLOYMENT HISTORY

EDUCATION

List the schools you have attended, starting with the most recent. List the number of years completed. Indicate degree or diploma earned, if any.

School	City & State	Year Completed	Degree/Diploma	Major/Minor

ORGANIZATIONS, ACTIVITIES, VOLUNTEER EXPERIENCE

List any organizations, extra-curricular activities, volunteer experience, or other commitments that you are involved with, including time that you would need off from work.

Organization/Activity/Experience	Dates Involved/Time Commitment	

ADDITIONAL SKILLS OR HONORS

List any additional skills, honors, or abilities that would be an asset to the position you for which you are applying.

Skill/Honor/Other Ability	

REFERENCES

List at least two references who are not related to you and are not previous supervisors. Do not include minister, priest, or clergy. Only list references that agree to be contacted on your behalf.

Name		Phone Number	
Street Address	City	State	Zip
Relationship		Years known	
Name		Phone Number	
Street Address	City	State	Zip
Relationship		Years known	
Name		Phone Number	
Street Address	City	State	Zip
Relationship		Years known	

APPLICANT'S SIGNATURE

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I am employed.

I have never been convicted of any law, in any state, and do not have any record of founded child abuse or dependent adult abuse in any state.

I do not have a communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.

I give Children's World the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Children's World is an Equal Opportunity Employer. Children's World does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application will be kept on file for six (6) months. At the conclusion of this time, if I have not heard from Children's World, and still want to be actively considered for a position open with the Center, I acknowledge that it will be necessary for me to fill out a new application.

I understand that just as I am free to resign at any time, Children's World reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Children's World has any authority to make any assurances to the contrary.

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Applicant signature
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Date