



Prime Time Early Learning Center

1215 W. Summit PO Box 340 Norwood, CO (970) 327-0555

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for		Days/Hours Available	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES
<i>Please list three professional references.</i>

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature _____

Date _____

Thank you for completing this application form and for your interest in our center.

DO NOT WRITE BELOW THIS

LINE _____

Interviewed by: _____

Date: _____

COMMENTS:

(If under 18, please list age) _____

REMARKS		
Neatness		Character
Personality		Ability
Hired	Position	Salary/Wage