



Before & After School Program
Summer Camp

EMPLOYMENT APPLICATION

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Are you over 18 years of age? ___Yes ___No If not, what is your D.O.B? ____/____/____

Position applying for: _____ Full-Time: _____ Part-Time: _____

EDUCATION

School	Years Attended	Name of School	City & State	Graduated YES / NO
High School				
College/University				
Other: Child Care Related				

EXPERIENCE

Name of Employer	Street Address, City & State	Position Held	Dates Start - End	Contact Person & Phone No.

Initial the appropriate box for each statement.

YES

NO

I have received a Child Abuse Record Information (CARI) form and give permission to submit.		
I have received and read the DYFS Information to Parents Document.		
I have received and read the center's policy on the disciplining of children.		



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REFERENCES

Please list the names, address, and telephone numbers of at least two people who have knowledge of your work experience, education and suitability to work with children. **Please note accurate information is essential, as ALL references will be followed up on.**

1. Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Reference type: ☐ Personal ☐ Business

For center use only: Date of reference follow-up _____ Written _____ Verbal _____

2. Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Reference type: ☐ Personal ☐ Business

For center use only: Date of reference follow-up _____ Written _____ Verbal _____

3. Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Reference type: ☐ Personal ☐ Business

For center use only: Date of reference follow-up _____ Written _____ Verbal _____

Have you ever been convicted of a crime or a disorderly person's offense? ☐ Yes ☐ No

If yes, please describe _____

By signing below, I attest that the information provided on this application is true and accurate.

Signature _____ Date _____

Do not write below this line

For center use only: Social Security # _____

Identification provided: ☐ DL ☐ SS Card ☐ Passport ☐ Other _____

Date interviewed: _____ Hired: ☐ No ☐ Yes Date: _____

Date of physical: _____ Results: _____

Date of Mantoux/chest X-ray: _____ Results: _____