# Afterschool Employment Application

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| Personal Information | |
| Name | Last: First: MI: |
| Street Address |  |
| City, State, Zip |  |
| Phone Numbers | Home: Work: Cell: |
| Driver's License # | State: Number: |
| SS #, Date of Birth, & E-Mail Address | SS#: DOB: Email: |
| **Position Applying For:** |  |
| List all states you've resided in during the past five years: |  |
| Have you ever worked or attended school under any other name? |  |
| Have you ever been convicted of a crime? | If yes, please attach a statement giving a full explanation. (Exclude expunged juvenile record and minor traffic violations.) |
| Agreement and SignatureRead the following before you sign: | |
| * All prospective employees and volunteers will be subject to a criminal history check. This check is confidential and open to explanations. By signing on the line below, you are both authorizing this background check and confirming that all information listed above are valid and truthful to the best of your knowledge. * By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a staff member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. * I consent to the release of information about my ability and fitness for service as a staff member by my workplace, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of this Afterschool Program. | |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Submit completed application to:** [Afterschool Program Name and Address]

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| Education Completed (Include High School/GED) | | | |
| Name of Institution | Location | Major of Studies | Degree/Certificates/Hrs completed/Yrs attended |
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| | **Employment History** | | | | | | --- | --- | --- | --- | --- | | 1. Name of Supervisor/Job Title Phone | Reason for leaving | | Hrs/Wk | □ Full Time  □ Part Time | | Address City St/Zip | Date started | Date Ended | Annual Salary/Rate of Pay: | | | Describe specific duties: | | | | | | 2. Name of Supervisor/Job Title Phone | Reason for leaving | | Hrs/Wk | □ Full Time  □ Part Time | | Address City St/Zip | Date started | Date Ended | Annual Salary/Rate of Pay: | | | Describe specific duties: | | | | | | 3. Name of Supervisor/Job Title Phone | Reason for leaving | | Hrs/Wk | □ Full Time  □ Part Time | | Address City St/Zip | Date started | Date Ended | Annual Salary/Rate of Pay: | | | Describe specific duties: | | | | | | 4. Name of Supervisor/Job Title Phone | Reason for leaving | | Hrs/Wk | □ Full Time  □ Part Time | | Address City St/Zip | Date started | Date Ended | Annual Salary/Rate of Pay: | | | Describe specific duties: | | | | |  |  | | --- | | **Special Training/Skills:** *List any special training, licenses, certificates, computer skills, office equipment or other special skills you may have that are pertinent to the position to which you are applying.* | |  | | Membership in Professional or Civic Organization: *(Exclude all those which may disclose your race, color, religion, sex, national origin, age, disabilities, or any other status protected by law.)* | |  | | Our Policy: It is the policy of *(insert program name)* to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form. | |

**REFERENCES:** *List four people who are: (1) not related to you, (2) not under 18 years old. Two must be professional references and two personal references who have known you three years or more.*

**Full Name of Reference Telephone Years Known**

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2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**