



CHILDREN'S WORLD EARLY LEARNING CENTER

495 FLORIDA ROAD, DURANGO, COLORADO 81301

PHONE: (970) 247-4397 FAX: (970) 247-2666

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)		(First)	(Middle)	Date
Address		City	State	ZIP Code
Telephone	Alt. Telephone		Email	
Position Applying For			Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
When Are You Available to Begin?				
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

<i>TYPE</i>	<i>SCHOOL NAME / LOCATION</i>	<i>COURSE OF STUDY</i>	<i>NO. YEARS ATTENDED</i>	<i>DEGREE / DIPLOMA</i>
HIGH SCHOOL				
BUSINESS / TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

TRAINING & CERTIFICATIONS

<i>TYPE</i>	<i>DATE</i>
CPR	
STANDARD PRECAUTIONS	
SAFE SLEEP	
OTHER:	

EMPLOYERS

List all jobs and contracts held by you during the past five continuous years. Attach additional pages if necessary.

CURRENT / MOST RECENT EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	
Reason for Leaving		Supervisor	

Please write a brief statement about why you are the best candidate for this position:

CRIMINAL HISTORY

Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. (Attach additional pages if necessary.)

PERSONAL REFERENCES

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

Who may we thank for referring you to us? _____

Do you have any family members who already work at Children’s World? circle one: YES NO

APPLICANT STATEMENT
(Read and Sign Below)

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly. I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date

Updated August 2016