**Personal Information**

**Imagination Station**

**Childcare Co.**

**Application For Employment**

Please print or type. The

application must be fully

completed to be

considered. Please

complete each section,

even if you attach a

resume.

We are an Equal

Opportunity Employer and

committed to excellence

through diversity.

Name

|  |  |  |  |
| --- | --- | --- | --- |
| Address  | City  | State  | Zip  |
|  |  |
| Phone number  | Email address  |  |
| Are you legally eligible to work in the US?Yes No  | Are you a veteran? Yes No  |  |
|
| If selected for employment are you willing to submit to a background check?  |  |

Yes No

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Position**  |  |  |
| Position you are applying for  | Available start date  |  | Desired pay  |
|  |
| Employment desired  |  |   |



|  |
| --- |
| **Employment History**  |
| **Employer (1)**  | Job title  | Dates employed  |
|  |
| Work phone  | Starting pay rate  |  | Ending pay rate  |
|  |  |
| Address  | City  | State  | Zip  |
|  |  |
| **Employer (2)**  | Job title  | Dates employed  |
|  |
| Work phone  | Starting pay rate  |  | Ending pay rate  |
|  |
| Address  | City  | State  | Zip  |
|  |  |
| **Employer (3)**  | Job title  | Dates employed  |
|  |
| Work phone  | Starting pay rate  | Ending pay rate  |
|  |  |
| Address  | City  | State  | Zip  |
|  |  |
| **Employer (4)**  | Job Title  | Dates employed  |
|  |  |
| Work phone  | Starting pay rate  | Ending pay rate  |
|  |  |
| Address  | City  | State  | Zip  |
|  |  |
| **Employer (5)**  | Job title  | Dates employed  |
|  |  |
| Work phone  | Starting pay rate  |  | Ending pay rate  |
|  |  |
| Address  | City  | State  | Zip  |
|  |  |
|  |
| **Signature Disclaimer**  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.  |
| Name (please print)  | Signature  |
|
| Date  |
|