APPLICATION LOCATION		DATE APPLIED
_____ Mall Jump		_____/_____/_____

PRINT CLEARLY *** USE BLACK INK PEN ONLY***

Applicant's Contact Information			
NAME		TELEPHONE/EMAIL	
FIRST		CELL	
MIDDLE		HOME	
LAST		EMAIL	
ADDRESS			
STREET			
CITY/STATE			
ZIP			

	YES/NO	EXPLAIN
IS THIS YOUR FIRST JOB?		
HAVE YOU WORKED WITH CHILDREN BEFORE?		
WHEN ARE YOU AVAILABLE TO START WORKING?		
ARE YOU GIVING CURRENT EMPLOYER NOTICE?		
WHAT IS YOUR MEAN OF TRANSPORTATION?		
HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?		

EMERGENCY CONTACTS	
NAME	
TEL. #	
RELATIONSHIP	
NAME	
TEL. #	
RELATIONSHIP	

AVAILABILITY	Y/N
ANYTIME	
WEEK DAYS	
WEEK NIGHTS	
WEEKENDS	
WEEKLY # HOURS DESIRED	

EDUCATION

NAME	LEVEL	STUDIES	DIPLOMA	YEAR

CURRENTLY ENROLLED? Y/N _____ WHERE? _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNTIONS OF THE POSITION WITH OR WITHOUT ACCOMODATIONS? Y/N _____

WORK HISTORY: LIST LAST EMPLOYMENT FIRST INCLUDING PART-TIME, SEASONAL AND SUMMER EMPLOYMENT

	START/END DATE		TEL.# MUST BE CURRENT	EMPLOYER AS LISTED IN PHONE BOOK	POSITION	PAY	REASON FOR LEAVING	INDICATE N-NOTICE F-FIRED
1								
2								
3								
4								
5								
6								

IN YOUR OWN WORDS, TELL US WHY YOU FEEL YOU WOULD BE AN ASSET TO THIS COMPANY? _____

INFORMATION TO THE APPLICANT: AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, YOUR EMPLOYMENT REFERENCES MAY BE CHECKED. IF YOU HAVE MISREPRESENTED OR OMITTED ANY FACTS ON THIS APPLICATION, AND ARE SUBSEQUENTLY HIRED, YOU MAY BE DISCHARGED FROM YOUR JOB.

IF NECESSARY FOR EMPLOYMENT: YOU MAY BE REQUIRED TO: SUPPLY PROOF OF AUTHORIZATION TO WORK IN THE U.S.A. IN ACCORDANCE TO IMMIGRATION AND NATURALIZATION SERVICES FORM I-9, HAVE A PHYSICAL EXAMINATION AND/OR A DRUG TEST.

I UNDERSTAND AND AGREE TO THE INFORMATION SHOWN ABOVE:	_____/_____	MO.	DAY	YEAR
	SIGNATURE **PRINT NAME**	**DATE**		

*****DO NOT FILL OUT BACK SIDE UNTIL CALLED IN FOR INTERVIEW*****