BRIGHTER KIDS ACADEMY EMPLOYMENT / JOB APPLICATION

| PERSONAL INFORMATION | | | | | |
|------------------------------|----------------|-------------------|-----------------|--|--|
| FULL NAME: First | Middle | DAT | E: | | |
| | | | | | |
| ADDRESS:Street Address | | | Apt/Suite | | |
| City | State | | Zip Code | | |
| E-MAIL: | | PHONE: _ | | | |
| SOCIAL SECURITY NUMBER | R (SSN): | | | | |
| DATE AVAILABLE: | | DESIRED PAY: \$ | ☐ HOUR ☐ SALARY | | |
| POSITION APPLIED FOR: | | | | | |
| EMPLOYMENT DESIRED: □ | | | | | |
| | | | | | |
| | EMPLOYMEN | NT ELIGIBILITY | | | |
| | | | | | |
| ARE YOU A U.S. CITIZEN? | l yes □ no* | | | | |
| *IF NO, ARE YOU ALLOWED | TO WORK IN T | HE U.S.? YES NO |) | | |
| HAVE YOU EVER WORKED | FOR THIS EMPI | LOYER? YES* NO | | | |
| *IF YES, WRITE THE START | AND END DATE | ES: | | | |
| HAVE YOU EVER BEEN CON | IVICTED OF A F | FELONY? YES* | 0 | | |
| *IF YES, PLEASE EXPLAIN: | | | | | |
| | | | | | |
| EDUCATION | | | | | |
| | | | | | |
| HIGH SCHOOL: | | CITY / STATE: | | | |
| FROM: | TO: | | | | |
| CPADIJATE2 II VES II NO DIDI | OMA: | | | | |



| COLLEGE: | | | |
|------------------------|------------------------------|-----------|-------------------|
| FROM: | TO: | | |
| GRADUATE? ☐ YES ☐ NO | DEGREE: | | |
| OTHER: | CITY / STATE: | | |
| FROM: | TO: | | |
| DEGREE/CERTIFICATION | ON: | | |
| | PREVIOUS EMPLOYMENT | | |
| EMPLOYER 1: | | | |
| Company / Ii | ndividual | | |
| E-MAIL: | PHONE: _ | | |
| ADDRESS: | | | |
| Street Address | | Apt/Suite | |
| City | State | Zip Code | |
| STARTING PAY: \$ | HOUR SALARY ENDING PAY: \$_ | | _ ☐ HOUR ☐ SALARY |
| JOB TITLE: | RESPONSIBILITIES: | | |
| FROM: | TO: | | |
| REASON FOR LEAVING | S: | | |
| EMPLOYER 2: | | | |
| Company / In | ndividual | | |
| E-MAIL: | PHONE: _ | | |
| ADDRESS:Street Address | | Apt/Suite | |
| Street Address | | Api/Suite | |
| City | State | Zip Code | |
| STARTING PAY: \$ | hour salary ENDING PAY: \$_ | | _ □ HOUR □ SALARY |
| JOB TITLE: | RESPONSIBILITIES: | | |
| FROM: | TO: | | |
| REASON FOR LEAVING | 3: | | |



EMPLOYER 3: Company / Individual E-MAIL: PHONE: ADDRESS: Apt/Suite Street Address State Zip Code STARTING PAY: \$____ \[| \text{hour} \cap \text{salary ENDING PAY: \$____ } \] hour \[| \text{salary Ending PAY: \$_____ } \] JOB TITLE: _____ RESPONSIBILITIES: _____ FROM: _____ TO: ____ REASON FOR LEAVING: 2-REFERENCES (PROFESSIONAL ONLY) FULL NAME: ____ _____ RELATIONSHIP: _____ Last COMPANY: _____ TITLE: _____ E-MAIL: _____ PHONE: _____

Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

_____ RELATIONSHIP: _____



FULL NAME:

| 1-Emergency Contact | | | | |
|----------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|
| FULL NAME: First | Last | RELATIONSHIP: | | |
| E-MAIL: | | PHONE: | | |
| | | | | |
| ВАС | KGROUND C | HECK CONSENT ESTING | | |
| ARE YOU WILLING TO CONSE | NT TO A BACK | GROUND CHECK AND DRUG TESTING? | | |
| | DISCLA | AIMER | | |
| | ure this applicati | ortunity Employer and committed to excellence on is acceptable, please print or type with the be considered. | | |
| Please complete each section EV | /EN IF you deci | de to attach a resume. | | |
| application leads to my eventual | employment, I u | and honest to the best of my knowledge. If this inderstand that any false or misleading sult in my employment being terminated. | | |
| SIGNATURE | | DATE | | |
| PRINT NAME | | | | |

