

# Application For Employment

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status. EOE.

## Child's Day

2525 Wallingwood Drive # 100  
 Austin, Texas 78746  
 Phone: 327-3274 Fax: 327-3281

(Please Print Clearly)

Last Name		First Name		Date
Address			City, Zip	Home Phone
Soc. Sec. #	Position Desired		Pay Rate Expected	Work Phone
Are you legally eligible for employment in the U.S. ?		When can you begin working?	Will you work overtime if requested?	
Are you currently employed?	Do you smoke?	Do you have reliable transportation?	Do you know anyone who works(ed) for us?	
What days (Sunday-Saturday) can you work?			What hours can you work?	

## Education

	Name of School and Location (City, State)	Course of Study	# of Years Completed	Degree or Diploma
High School				
Trade / Tech				
College				
Other				

Other specialized training
Job-related skills or qualifications
Please describe any physical condition which might limit your ability to lift or perform any function of the job you are applying for
Have you been convicted of a felony or other crime against a person?
Describe any major illness or injury you have had in the past five years

## Employment Experience *(Present, or most recent, job first)*

Company Name	Telephone # ( )
Address City / State / Zip	Dates Employed From To
Supervisor	Hourly Pay Rate Starting \$ Final \$
Job Title(s)	Reason for Leaving
Description of Work	

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Have you omitted any jobs you have ever had from the list above?
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## Applicant's Statement

The information given in this Application is true, correct, and complete. If employed, any false or misleading information or omission of facts may result in discharge. I authorize investigation of all information I have given and of my credit, personal and employment history, as may be necessary in making an employment decision. I understand that any employment I accept does not create a contractual obligation upon the employer to continue my employment in the future. I understand I am required to abide by all rules and regulations of the employer.

Signed

Date / /