

Bentonville Public Schools Childcare Enrichment Program Adventure Club & Building Bridges

We do not discriminate on the basis of race, religion, national origin, color, sex, age or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT

Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. Please print, except for the signature on the back. This application will only be valid for a period of thirty (30) days from the date of application.

Today's Date: _____

Are you over the age of 18? Y N

Were you ever employed here? Y N

If yes, when? _____

Have you ever applied here? Y N

If yes, when? _____

- Building Bridges – Birth to Three
- Building Bridges - Preschool
- Adventure Club – Kindergarten to Sixth
- Any available

Are you looking for PT or FT job opportunities?

Name _____ Telephone Number _____

Address _____ Social Security Number _____

City and State _____

Email _____

Have you ever been convicted of a crime against a child? Y N

If yes, please explain:

Has a court ever denied parental, custodial or visitation rights as a result of neglect or child abuse of a child? Y N If yes, please explain:

EDUCATION: (Give name, address, location, highest grade complete, and date leaving)

High School or GED: _____ YEAR _____

College or University: _____

College Major: _____ Degree: _____

Additional Educational, Vocational or Training Information:

HEALTH: Do you have any physical limitations which may give you problems in performing this job? Y N
If yes, please explain:

Would you take a physical examination if required? Y N

REFERENCES: Names, complete addresses, phone numbers of three people (no relatives or former employers) we may contact about you.

WORK HISTORY: Please attach resume or list below all present and past employment, beginning with the most recent, covering all periods of time. If self-employed, supply business references. Please give month and year.

Employer's Name Address, Telephone #	From/To	Duties	Last Supervisor	Reason for leaving
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Continue on a sheet of blank paper if you do not have enough room to list your employers for the past ten years.

Are you now or do you expect to be engaged in any other business or employment? Y N If yes, explain:

If presently employed, may we contact your employer? Y N
Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record or references.

NARRATIVE: Why do you want to work in our program?

What do you feel best qualifies you for this job?

EMERGENCY NOTIFICATION:

Name: _____ Telephone # _____ Relationship: _____

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AFFADAVIT: I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. **I authorize individuals or institutions named above to give any information regarding my employment, character and qualifications, hereby releasing them from all liability for issuing such information.**

Signature _____ Date _____

OFFICE USE ONLY:

Start date: _____ Location: _____ Start Wage: _____ Eval Date: _____

Employee handbook