



222 E Wade Ave
870-424-5758



202 Springwood Dr.
870-425-6204

Openarmsabc@yahoo.com

PROFESSIONAL CHILD CARE
APPLICATION FOR EMPLOYMENT

Date: _____

(Please Print)

Social Security Number

Name: _____
Last First Middle

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Are you currently employed? YES No

Have you applied or worked here before? Yes No

Are you looking for Full Time Part Time Flexible Hours Temporary

On what date would you be available for hire? _____

EDUCATION

Middle School High School College Graduate

School Name: _____

Years Completed (circle) 6 7 8 9 10 11 12 1 2 3 4 1 2 3

Major _____

Any Specialized training _____

Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

List any additional skills, certifications, and experiences that provide additional information concerning your qualifications. _____

We are an Equal Opportunity Provider

PERSONAL REFERENCES: names, complete addresses, and phone numbers of people (other than relatives or former employers) we may contact about you.

1. Name _____ Address _____
Phone # _____

2. Name _____ Address _____
Phone # _____

3. Name _____ Address _____
Phone # _____

EMPLOYMENT EXPERIENCE:

Include 6 years of employment history starting with your most recent job. Include volunteer activities. Exclude organization names, which indicate race, color, religion, sex, or national origin.

Employer: _____	Dates Employed: From _____ To _____
Telephone: _____	Duties: _____
Address: _____	Starting Salary: _____ Ending Salary: _____
Supervisor: _____	Reason For Leaving: _____
Employer: _____	Dates Employed: From _____ To _____
Telephone: _____	Duties: _____
Address: _____	Starting Salary: _____ Ending Salary: _____
Supervisor: _____	Reason For Leaving: _____
Employer: _____	Dates Employed: From _____ To _____
Telephone: _____	Duties: _____
Address: _____	Starting Salary: _____ Ending Salary: _____
Supervisor: _____	Reason For Leaving: _____
Employer: _____	Dates Employed: From _____ To _____
Telephone: _____	Duties: _____
Address: _____	Starting Salary: _____ Ending Salary: _____
Supervisor: _____	Reason For Leaving: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In event of employment, I understand that false or misleading information given on my application or during my interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

Signature of applicant: _____ Date: _____

Date Employed: _____ Date of Separation: _____