



AUNT NANCY'S CHILD CARE

1801 E. Lincoln Hwy
New Lenox, IL 60451
815-462-2923

201 Colorado Ave.
Frankfort, IL. 60423
815-464-4285

19900 S. Harlem Ave.
Frankfort, IL 60423
815-534-3248

21701 Gougar Rd.
New Lenox, IL. 60451
815-717-3748

APPLICATION FOR EMPLOYMENT

Date: _____

Name (Last Name First) _____

Present Address: _____
Address City State Zip Code

Phone Number () _____ - _____ Alt. phone () _____ - _____

Email Address: _____

Referred by: _____

Employment Desired: _____
Position Date you can start

Salary Desired: _____ Schedule availability: _____

Are you employed now? Yes No If so can we inquire of your present employer? Yes No

Are you legally authorized to work in the US? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

Education History: Name and location Yrs. Attended Did you graduate? Subjects studied

High School				
College				
Trade, business or correspondence school				

General Information:

Subjects of special study/research work: _____

Special training: _____

Special Skills: _____

U.S. Military or Naval Service: _____ Rank: _____

Former Employers: (list below last four employers, starting with last one first)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References

Name	Address	Business	Years known

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal, or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans and Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

Interview By: _____ Date _____

Remarks:

Availability:

Neatness	Character
Personality	Ability

HIRED	FOR DEPT	POSITION	SALARY WAGES	LOCATION