

## **Employment Application**

		Applicant Information	1)				
Full Name:				Date:			
	Last	First	M.I.	_			
Address: _	Street Address		Apart	ment/Unit #	ŧ		
_	City		State		ZIP Code		
Phone: (	•	E-mail Address:	State		ZIF Code		
Date(s) Ava	ailable:		Desired	d Salary:	\$	per hr	
Position Ap							
If hired, are you able to provide genuine documentation establishing your identity YES NO and eligibility to be legally employed in the United States by this Company?							
	ever worked for this	YES NO	. Ц	Ш			
YES NO							
Have you ever been convicted of any felony or a crime relating to children or of a sexual nature?  If yes, explain:							
	-						
I II ada		Education					
High School:		Address:					
Did you gra	YES duate?	NO ☐ If no, did you earn a G	YES	S NO			
College: _		Address:					
From:	To:		NO Degree:				
Other:		Address:					
From:	To:		NO Degree:				
		References					
Please list three professional references. Applicants with no prior work experience may list school or volunteer-related references.							
Full Name:		Relat	tionship:				
Company:			Phone:	_()	)		
Address:							
Full Name:		Relat	tionship:		_		
Company:			Phone:		)		
Address:						_	
Full Name:		Relat	tionship:				
Company:			Phone:	_()	)		
Address:							

Previous Employment						
Company:	Phone: ( )					
Address:	Supervisor:					
Job Title: Starting Sala	ary: _ <b>\$</b> Ending Salary: _ <b>\$</b>					
Responsibilities:						
From: To: Reason for Leav						
May we contact your previous supervisor for a reference?						
Company:	Phone: <b>( )</b>					
Address:	Supervisor:					
Job Title: Starting Sala	ary: <b>\$</b> Ending Salary: <b>\$</b>					
Responsibilities:						
From: To: Reason for Leav						
May we contact your previous supervisor for a reference?	YES NO					
Company:	Phone: _( )					
Address:	Supervisor:					
Job Title: Starting Sala	ary: _ <b>\$</b> Ending Salary: _ <b>\$</b>					
Responsibilities:						
From: To: Reason for Leav	ring:					
May we contact your previous supervisor for a reference?	YES NO					
Emergency Contact Information						
Full Name:	Relationship:					
Phone 1: ( )	Phone 2:()					
Available Work	Week And Times					
Monday Tuesday	Wednesday					
Thursday Friday	Saturday					
Disclaimer	and Signature					
I certify that my answers are true and complete to the best of my knowledge. By signing this application, I authorize Mathnasium of Champlin Park or its designated representative to conduct a criminal background investigation.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in disqualification or release from employment.						
Signature:	Date:					