Child Care Center 10641 Thielen Street St. John, IN 46373

After School Club 10603 Thielen Street St. John, IN 46373

DATE: _____



Resney Family
Owners

Phone (219) 365-3838 FAX (219) 365-9KID

APPLICATION FOR EMPLOYMENT

NAME:		SOCIAL SECURITY NO.:						
ADDRESS:		CITY:	TE:ZIP:					
PHONE #:		MARITAL STATUS:		BIRTHDATE				
AGES OF CH	ILDREN:							
POSIT	TION APPLIED FOR:	Teacher-Cook-Aide-Sub-	** 1					
Full Time:		Part Time:						
On wh	at date would you be available t	o work?:						
Are yo	ou Employed now?	May we contact	your present er	mployer?				
EDUCATI	ON							
	NAME/SCHOOL	LOCATION	YEARS	MAJOR	DEGREE			
High School								
College/Univ.								
College/Univ.								
In addition to	your work history, what other sk	cills, awards, etc. do you thin	nk qualifies yo	u for this position	on?			
Have you ever	been convicted of a Criminal C	Offense?						
•	explain:							
Do you have a	ny physical or mental condition	which would limit your cap	pacity for positi	ion applied for?				
					(over)			

PERSONAL REFI	ERENCES: List 3 reference	es who are not r	elated to	you and who	are not former of	employers.	
Name	Address	City	State	Phone	Occup.	Years Known	
Would vou be willin	g to give of your free time	for meetings or s	enecial e	vents as occas	sionally held by	(i'l Rascals?	
Yes	No	for meetings of s	врестат e	vents as occa	sionarry neid by h	LI I Kascais:	
Do you drive?	oer:			Expiration I	Expiration Date:		
Do you have a car av	vailable for use at the Cente	r if mileage is pa	aid?	Yes	No No		
Do you feel you are	a sensitive and mature indiv	vidual who is abl	le to rela	te well to chi	ldren as well as a	adults?	
y and a y and a							
WORK HISTOR	Y						
Most recent employer		Address			Phone		
From – To		Starting Sal	ary		Leavii	ng Salary	
Description of duties							
Most recent employer		Address			Phone		
From – To		Starting Sal	ary		Leavii	ng Salary	
Description of duties							
Why would you like t	his position?						
	APPLICANT'S CI	EDTIFICAT	TONI A	AND ACD	EEMENT		
	APPLICANT'S CI	EKIIFICAI	ION A	AND AGK	EENIENI		
I certify that the fa	acts set forth in this Appli	cation for Emp	lovmen	t are true an	d complete to th	ne best of my	
	erstand that if I am emplo					5400 01 1111	
DATE:	APPLIC	CANT'S SIGN	ATURE	E:			