KINDER GARDEN SCHOOL APPLICATION FOR EMPLOYMENT

Name							Date			
Date of birth Home Address							City			
State Zip Code						Telephone Number				
Email Address			Social Security Number				Have you lived in Ohio for the past 5 years? If not, where?			
Emergency Contact			Phone			How did you learn about Kinder Garden School?				
Relationship	_		home							
Availability			Desire			Position		Desired	Salary	
M	Т	W	Н		Date Available for Employment					
				EDUCAT	IONAL IN	IFORMAT	FION			
į.	-	TRAININ	G		High School					
Have you had training in: Yes		Yes	No	Expiration	High School			Receive	Yes	
First Aid	First Aid		†		1					
CPR					Location of School			Diplomo	J	
Communicable Diseases								None		
Child Abuse Recognit	Hon		1		Date of	Date of Attendance		Other Specify		
		1			Colleg	je		•		
Name	£ C.		Ciba		Dates of Attendance M		Major/Minor	Major/Minor Type of Degree Earne		
Name of School			City/State		To:	From:			<u> </u>	
		-								
							···:		•	
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			Ī							
14, 14, 17										
Have you ev	er b	een con	victed of	f a crime	? Please	explain	<u> </u>			

Previous Work you for the po	•	•			•	•	rties. Emphasize work that qualify		
Employer No	ime	Job title			Job Description				
Dates Employed FTON	n To	Supervisor Pho	one	Final S	Salary		·		
Address		Reason for Lec	aving?	May v	ve contact?)			
Employer No	ıme	Job title		***************************************		25000 PH 2 200 SS S	Job Description		
Dates Employed Fror	n To	Supervisor Pho	ene	Final S	Salary				
Address		Reason for Lea	zving?	May v	ve contact?	•			
Employer No	ime	Job title					Job Description		
Dates Employed Fror	n To	Supervisor Pho	one	Final S	Salary				
Address		Reason for Lea	xving?	May v	ve contact?	•			
			HEA	LTH INF	ORMATION				
Date of last	physical ex	am	Physici	an ,		Phone I	Number		
	F	REFERENCE	S: Plea	se list t	hree other	than re	latives.		
Name		Phone N	lumber		Nature and Len		gth of Relationship		
Address	City		State	Zip					
Name	<u></u>	Phone N	lumber	<u>.i</u>	Nature o	Nature and Length of Relationship			
Address	City		State		,				
Name		Phone N	lumber		Nature o	ınd Len	gth of Relationship		
Address	Address City		State		Zip				
l certify that all inform	nation supplied is c	orrect and author	ize verificati	on of all state	ements contained in	n this applica	dion. I understand that any misrepresentation or		
	be cause for imm	ediate dismissal a					first three months. I also understand that a		
Signature	Stooling Clinick M	m we requies.				Date			
	rden School recruit:	s and admits stud	ents of any r	ace, color or			vileges, programs and activities. In addition the		
school will not discrim	inate on the basis	of race, color or e	thnic origin i	n the admini	stration of its educ	ational progr	vileges, programs and activities. In addition, th ams and athletics/extracurricular activities. thool district initiated desegregation.		