

PHONE: 215.372.7071
FAX: 267.928.2232



EMAIL: APLUSACADEMYPA@GMAIL.COM
WEBSITE: WWW.APLUSACADEMYPA.COM

Application for Employment

Date of Application _____

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Social Security Number: _____ Date of Birth: _____

Email: _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificates? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes ___ No ___

If yes, please explain: _____

POSITION SOUGHT _____

What date are you available to start work? _____

Desired Salary _____

EDUCATION: Name and Address of School - Degree/Diploma - Graduation Date

Education	Name and location	Graduate -Degree	Major Subject of study
High School			
College or University			
Specialized training, Trade, etc....			
Other education			

Skills and Qualifications: Licenses, Skills, Training, Awards

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EMPLOYMENT HISTORY: Begin with present or last position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

_____ Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

_____ Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____

For Employment you will need:

- 1. Child Care Staff Health Assessment with TB with stamp from doctor's office**
- 2. FBI CLEARANCE or receipt it has been requested**
- 3. STATE POLICE CLEARANCE**
- 4. CHILD ABUSE CLEARANCE or receipt that it has been requested**
- 5. TWO NON FAMILY LETTERS OF REFERENCE**
- 6. HS DIPLOMA/Degree**
- 7. TRANSCRIPTS (degreed ee's)**
- 8. PROOF OF AGE (license OR birth certificate)**
- 9. First Aid/CPR (required)**
- 10. Health and Safety Training**
- 11. Mandated reporter training**
- 12. Updated Resume**
- 13. Employment Verification**

You may obtain your State Police and Child Abuse clearance online as well as the FBI clearance.

Use the following websites:

State Police - E Patch www.epatch.com

Child Abuse- DHS portal

FBI- www.identogo.com Service code (1KG738)