

EMPLOYMENT APPLICATION



**745 McDonald Street
PO Box 100
Simpson, NC 27879
Phone: 252-329-9300 Website: www.angelsoftomorrowllc.com**

Date of Application _____

Please Print:

Position Applied For _____
(refer to section 3.1 of Employee Handbook)

Social Security Number _____

Name of Applicant _____
Last First Middle or Maiden

Address _____

State _____ **Zip** _____ **Telephone** _____

Citizenship: USA _____ Other _____

Date of Birth _____ **NC Driver's License Number** _____

Are you currently employed?	Yes _____	No _____
May we contact your current employer?	Yes _____	No _____

Have you ever been convicted of breaking a law other than a minor traffic violation? (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Yes No **If yes, give the date and explain fully on an additional piece of paper if more space is needed**

Education

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Course of Study	Degree/Diploma
High School				
College or University				
Graduate or Professional				
Educational, Vocational Schools, etc.				

Child care training you have completed in the last three years (such as first aid, CPR, CDA, etc.):

List names and phone numbers of three references:

1. _____
2. _____
3. _____

I give permission to contact references _____
Signature

Work History
(List child care/early childhood experience first)

Company: _____

From _____ To _____
(mm/yyyy) (mm/yyyy)

Title: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Duties: _____

Reason for leaving: _____

Supervisor's Name _____

May we contact employer? _____

Company: _____

From _____ To _____
(mm/yyyy) (mm/yyyy)

Title: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Duties: _____

Reason for leaving: _____

Supervisor's Name _____

May we contact employer? _____

Company: _____

From _____ To _____
 (mm/yyyy) (mm/yyyy)

Title: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Duties: _____

Reason for leaving: _____

Supervisor's Name _____

May we contact employer? _____

**List all professional and community organizations with which you are affiliated.
 (Indicate if you hold office in the organization.)**

What do you feel most qualifies you for this position?

What are your professional goals?

SIGNATURE AND UNDERSTANDING OF AT-WILL EMPLOYMENT:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed, I am required to adhere to all policies and procedures of Angels of Tomorrow Child Development Center, LLC. I further understand that my employment and compensation is terminable at-will. There is no definite period and my employment and compensation may be terminated by the company (employer) at any time and for any reason whatsoever, with or without cause at the option of either the company or myself.

Signature of Applicant _____
 Date _____