



20272 Veterans Drive

Elkhorn, NE 68022

402-289-1727 Ext. 2

## Application for Employment

The Elkhorn Public Schools Foundation does not discriminate on the basis of sex, race, national origin, marital status, age or disability in admission or access to, or treatment of, or employment in, its programs and activities. It is the intent of the Elkhorn Public Schools Foundation to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations and operations.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Email \_\_\_\_\_

Positioned Desired: \_\_\_ Site Director \_\_\_ Assistant Director \_\_\_ Child Care Assistant

Pay Expected \_\_\_\_\_ Do you have your own transportation? [ ] Yes [ ] No

### Hours Available

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Have you applied here before?  Yes  No If so, when? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

If your answer is no, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If your answer is yes, please give details: \_\_\_\_\_

Describe relevant childcare experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Employment Experience**

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Supervisors' Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Supervisors' Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

## Education

Schools/Colleges Attended:	#Years	Year Grad.	Degree

What elementary school do you live closest to? \_\_\_\_\_

Do you have a 7th hour study hall \_\_\_\_ Yes      \_\_\_\_ No

If yes, would you be interested in Work Release? \_\_\_\_ Yes      \_\_\_\_ No

T-Shirt Size: S   M   L   XL   XXL   3XL   4XL                      (Office Use Only: T-Shirts Given \_\_\_\_)

What date would you like to start? \_\_\_\_\_

Please list what days you need off in the next 30 days: \_\_\_\_\_

## How did you hear about us?

\_\_Facebook                      \_\_Twitter

\_\_Instagram                    \_\_Friend

\_\_School                        \_\_Other

## References

**Please provide 2 written references with your completed application.**

I authorize any institution, government unit or other person or entity having records of information concerning me to furnish such records or information requested by duly authorized representatives of the Elkhorn Public Schools Foundation. I understand in executing this authorization I waive the right for such information to be privileged or private. Further, I certify that all information to be provided in this application is true and accurate to the best of my knowledge. I also understand that my employment is based upon information contained in this application which later proves to be false or incomplete may result in the termination of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_