

**Alphabet Soup Learning Center**  
Application for Employment

**Personal Information:**

Name (First, M, Last) \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\\_\_\\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire with your employer? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Smoker \_\_\_\_\_ Non Smoker \_\_\_\_\_

Name and Number of Emergency Contact, not living w/you \_\_\_\_\_

**Education:**

High School \_\_\_\_\_

College \_\_\_\_\_

Trade/Business School \_\_\_\_\_

Are you CPR Certified? \_\_\_\_\_ Date: \_\_\_\_\_

**Previous Employment:**

Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact your previous employer? \_\_\_\_\_ Start Date \_\_\_\_\\_\_\\_\_ End Date \_\_\_\_\\_\_\\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

**Previous Employment:**

Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact your previous employer? \_\_\_\_\_ Start Date \_\_\_\_\\_\_\\_\_ End Date \_\_\_\_\\_\_\\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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

**References:    *Must submit 3 written references upon hiring!***

Name	Phone#	Business	Years Acquainted
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Authorization:**

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date