



Children of God Educational Services, Inc.

PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Day Time Phone: () _____ Cell Phone: () _____

E-mail

Work Phone: () _____ Address: _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes ____ No ____

POSITION/AVAILABILITY:

Position Applied For

Days/Hours Available

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Hours Available: from _____ to _____

What date are you available to start work?

EDUCATION:

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

Skills and Qualifications: Licenses, Skills, Training, Awards



Children of God Educational Services, Inc.

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ Salary: _____

From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ Salary: _____

From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References:

Name/Title Address Phone

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. Children of God Educational Services, Inc is an Equal Opportunity Employer.

Signature _____ Date _____