

Employment Application

Name:				
First:	MI.		Last.	
Address:	- 24		-	
City:		State:		Zip:
Phone/Cell Number(s) &	k Email:			
Ph:	Cell:			Email:
Social Security Number Date of Birth:	ney Tog			Care
_				further certify that all ation of employment
What is your wage prefe	erence?	per	hour.	
What position are you a				

Will you need accommodations to complete the job task if hired?	
Education:	

School	Yrs Completed	Degree	Name of School	City & State of School	Did you graduate?
		- > -	1		
			1 6		

Employment History: (please list your last three employers)

Most Recent Employer	Address	City, State & Zip
	1	
Phone:	Employment Dates:	Ending Wage:
T	70 4 00	1111
Job Duties	Reason for leaving	
Most Recent Employer	Address	City, State & Zip
	,	
Phone:	Employment Dates:	Ending Wage:
Job Duties	Reason for leaving	
Most Recent Employer	Address	City, State & Zip
Phone:	Employment Dates:	Ending Wage:
Job Duties	Reason for leaving	

^{*}Journey Together Child Care will call this employer for employment reference.

•	al references (these can b nat can vouch for your wo	
Ref:	Ph:	Email:

Ref:	Ph:	Email:		
 I certify that this information is true and correct. I further certify that all falsely provided information will lead to my termination of employment (initials) 				
I certify that all information that I provided in this application is accurate. I understand that at the time that falsification is noticed within my application will be grounds for termination of my employment.				
I hereby authorize Journey Together Child Care to verify any information contained in this application and any information that I verbally share with Journey Together Child Care.				
I authorize Journey Together Child Care to conduct and receive a copy of my background check that I will be responsible for obtaining prior to the start of employment.				
I certify that I have carefully read and understood the above statements.				
Applicant's Signature		Date		
Please email your application to: jtcc@journeytogetherchildcare.com				
For Office use only				
Hire Date:				
Starting Date:				
Probationary period:				
Initial pay day:				
Supervisor:				
Comments:				

Last Date of employment_____ Employee resigned or dismissed_____ Why?_____

SSN of employee:_____