

THE GOLDEN KEY
CENTER FOR EXCEPTIONAL CHILDREN
EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____Teacher _____Assistant _____Nurse

1. NAME: _____ DATE: _____

2. BIRTHDATE: _____ SS#: _____

3. ADDRESS: _____ PHONE: Home: _____
Business: _____
Cell: _____

4. DAYS/HOURS AVAILABLE TO WORK: No Pref _____ Wed _____
Operating Hours: 6:30am-6:00pm Mon _____ Thur _____
Tue _____ Fri _____

5. DO YOU HAVE A CURRENT:	<u>YES</u>	<u>NO</u>
Tuberculosis Test Result	—	—
Standard First Aid Card	—	—
CPR Card	—	—
Ohio State Drivers License	—	—

6. EDUCATION:

- A. HIGH SCHOOL GRADUATE OR GED TEST PASSED ? _____
- B. EARLY CHILDHOOD EDUCATION COURSEWORK IN HIGH SCHOOL? _____
- C. POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, MILITARY, ETC)

NAME AND LOCATION	DATES	YEAR GRADUATED	DEGREE	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. CONFERENCES, WORKSHOPS YOU'VE ATTENDED RELATED TO THE FIELD OF EARLY CHILDHOOD AND EDUCATION:

LAST NAME _____ FIRST NAME _____ MI _____ SS# _____

8. EMPLOYMENT HISTORY (Start with most recent employer-include volunteer experience)

Employed by: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

From: _____ **To:** _____

Duties: _____

Reason for Leaving: _____

Employed by: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

From: _____ **To:** _____

Duties: _____

Reason for Leaving: _____

Employed by: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

From: _____ **To:** _____

Duties: _____

Reason for Leaving: _____

9. MAY WE CONTACT PRESENT EMPLOYER? YES _____ NO _____

LAST NAME _____ FIRST NAME _____ MI _____ SS# _____

10. PROFESSIONAL/PERSONAL REFERENCES:

Please provide three written references on your behalf.

Mail to:
The Golden Key Center for Exceptional Children,
1431 30th St. NW, Canton OH 44709
Attention: Executive Director

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

11. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Print Name: _____ **Date:** _____

Signature: _____