



Our Lady of Bethlehem School and Childcare

Employment Application

APPLICANT INFORMATION											
Last Name		First		M.I.		Date					
Maiden Name (if applicable)											
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone (home / mobile)				E-mail Address							
Date Available to Start				Social Security No.				Desired Salary or Rate of Pay	\$		
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for OLB in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.								
EDUCATION											
High School Attended											
	From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date received diploma			
College Attended											
	From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Post-Graduate College Attended											
	From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
MILITARY SERVICE											
Not Applicable	<input type="checkbox"/>										
Branch							From		To		
Rank at Discharge						Type of Discharge					
If other than honorable, explain.											
PREVIOUS EMPLOYMENT											
Please start with your most current employer through your most recent position held with relative experience											
Company						Phone					
Address						Job Title					
Supervisor					Starting Salary	\$		Ending Salary	\$		
Responsibilities											
From		To	Reason for Leaving								
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									

Company		Phone			
Address		Job Title			
Supervisor		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company		Phone			
Address		Job Title			
Supervisor		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

REFERENCES

Please list three professional references or attach with resume.

Full Name		Job Title			
Company		Relationship			
Address		Phone (ext.)			
Full Name		Job Title			
Company		Relationship			
Address		Phone (ext.)			
Full Name		Job Title			
Company		Relationship			
Address		Phone (ext.)			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that I will have the opportunity to discuss desired work schedule and compensation during an interview and if hired I will have to present proof of completion of high school, GED or college and a valid ID showing proof of age.

IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

Signature

Date