

# Application for Employment – Solomon’s World

All applicants for employment are required to complete and submit this Employment Application. *The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, veteran status, or any other basis protected by federal, state or local law.*

## Applicant Information – PLEASE WRITE LEGIBLE – BLUE OR BLACK INK

LEGAL NAME		LAST FOUR DIGITS OF SSN		
Last	First	Middle		
HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, UNDER WHAT NAME(S):		
COMPLETE HOME ADDRESS include PO Box, Apt. #, etc. Street		City	County	State Zip Code
CELL PHONE ( ) -	HOME OR OTHER PHONE ( ) -		E-MAIL ADDRESS (PERSONAL)	

## Position Applying For

JOB TITLE/TYPE OF WORK	DESIRED SALARY \$	AVAILABLE START DATE
If necessary, are you available to work any of the following? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Work schedule other than M-F <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW DID YOU LEARN ABOUT THIS OPENING?	
DESIRED EMPLOYMENT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	HAVE YOU WORKED FOR OR APPLIED FOR A POSITION AT THE COMPANY BEFORE? <input type="radio"/> Yes If yes, what position(s)? <input type="radio"/> No	DO YOU HAVE ANY RELATIVES WORKING HERE? <input type="radio"/> Yes If yes, who: <input type="radio"/> No
IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER 18, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Education Begin with most recent college/university/technical school

NAME OF EDUCATIONAL INSTITUTION/LOCATION	MAJOR	NO. OF YEARS	GRADUATE Yes/No	DIPLOMA/DEGREE Yes/No

ANY PROFESSIONAL DESIGNATIONS, TRAINING, PATENTS, PUBLICATIONS, COMPUTER SKILLS RELATED TO THE JOB SOUGHT:


Child care training completed in the last three years (First Aid/CPR, Health and Safety Training, ITS-SIDS, CDA, etc.):

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Security      Date of Birth      /      /      N.C. Driver's License Number

(a) **\*\*This Security Section must be completed by all applicants.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR PUNISHABLE BY 6 MONTHS OR MORE OF INCARCERATION WITHIN THE LAST 7 YEARS? (You do not need to disclose: convictions for misdemeanor marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated (such as juvenile offenses); participation in a pre- or post-trial diversion program; a discharge under the Georgia First Offenders Program; or misdemeanor convictions for which probation was completed successfully or otherwise discharged and the case was dismissed.)      Yes      No

If **yes**, please describe the nature of the offense(s), the date and place of conviction, and the legal disposition of the case. The Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of breaking a law other than a minor traffic violation? YES \_\_\_\_ NO \_\_\_\_ If yes, give the date and explain fully.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had an abuse or neglect or child maltreatment substantiation? YES \_\_\_\_ NO \_\_\_\_ If yes, list county/State and give the date and explain fully.

\_\_\_\_\_

*(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)*

**COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT**

**Employment History** List current/most recent position beginning with Childcare/Early Childhood experiences first.

NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED	
		From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ( )	-
REASON FOR LEAVING:			

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NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED	
		From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ( ) -	
REASON FOR LEAVING:			
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED	
		From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ( ) -	
REASON FOR LEAVING:			

## References

List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for supervisory position, please include one subordinate.)

**YOU AGREE THAT WE MAY CONTACT EACH REFERENCE BELOW:**

NAME:	TITLE:	COMPANY:	PHONE ( ) ( )	Home Work
NAME:	TITLE:	COMPANY:	PHONE ( ) ( )	Home Work
NAME:	TITLE:	COMPANY:	PHONE ( ) ( )	Home Work

**PLEASE PROCEED TO PAGE 4**

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## APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

**Please sign and date in the space provided at the bottom of this**

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.**

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.