REVEILLE WEEKDAY SCHOOL

4200 Cary Street Road Richmond, VA 23221 (804) 359-4600

APPLICATION FOR EMPLOYMENT

| PERSONAL II | NFORM | IATION: | | | | | | |
|----------------------|------------|------------------|--------------------|---------------------|---------------------|----------------------|---------------|---------|
| NAME | | | | SSN | Phone | | | |
| LAST | | FIRST | M. | 5511 | 1 none | | | _ |
| CURRENT ADDR | ESS | | | | | | | |
| | | Street | | City | State | Zip | | |
| Are you | either a U | .S. Citizen or a | n alien authorized | to work in the Ur | nited States?yes | no | | |
| POSITION AP | PLIED | FOR: | | | | | | |
| EDUCATION: | : | | | | | | | |
| | Name | | Address/City/St | rate | Major | # Years completed | Grad. Date | Degree |
| High School | | | | | | | | |
| Business | | | | | | | | |
| College | | | | | | | | |
| Graduate | | | | | | | | |
| CERTIFICAT | ION: | | | | | | 1 | |
| Are you now or hav | e you cert | ified as a teach | er?yes | _no Areas: | | | | |
| State in which certi | fied: | | | Date | | | | |
| EMPLOYMEN | NT INF | ORMATIO | N: | | | | | |
| Are you employed r | now? | _yesno Ii | f so, may we conta | act your present er | nployer?yes | _no | | |
| EMPLOYMEN | NT REC | CORD (Plea | se Print)· | | | | | |
| | | | | od education b | eginning with the n | nost recent. | . List or | ıly |
| employers locat | ed withi | n the United | States. Include | de self-employ | ment, summer and | part-time j | obs. | • |
| Date/Month/Ye | ar | Name and | Address of En | nployer | Position | Reas | son for | Leaving |
| From: | | | | | | | | |
| To: | | | | | | | | |
| From: | | | | | | | | |
| To: | | | | | | | | |
| From: | | | | | | | | |
| To: | | | | | | | | |
| From: | | I | | | | 1 | | |

To:

If you need more space, please attach a separate sheet.

GENERAL INFORMATION:

| you feel qualify you for position for which you | for this position. Please in ou are applying. Relative clude church, civic and co | ndicate special tra to each, indicate | aining skills whicl length of experier | nce and type of training. |
|--|--|--|---|--|
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| | | | | |
| | | | | |
| HEALTH RECORD Do you have any phy children? If so expla | sical condition (e.g. canno | | | prohibit your working with |
| regulation 615-23-02 State Board of Social | e Weekday School is licer, "Minimal Standards for Services. All staff shall record checks within 30 d | Licensed Child Comply with the | Care Centers" ado staff requirements | pted April 1, 1986, by the |
| | s of three people, not rela to submit a written refere | | n you have known | at least one year. These |
| Name/Phone # | Address | Phone | Business | Years Acquainted |
| 1 | | | | |
| 2. | | | | |
| | | | | |
| ** Reveille Weekday | | red on the basis of | of competence and | d qualifications and not on |
| | ts contained in this application application is contained in this application is contained in this application in the c | | | best of my knowledge and unds for dismissal." |
| and all information co | oncerning my previous en | nployment and ar | ny pertinent inforr | sted above to give you any mation they may have, and g this information to you." |
| DATE | SIGNATU | JRE | | |