



APPLICATION FOR EMPLOYMENT

An Equal Opportunity employer

Please mail, fax or drop off application to:

Kinder Academy 21 Pete Neiser St., Alexandria, KY 41001 or Fax to 859-635-7810

Please print and answer all questions

GENERAL INFORMATION

Last name	First name	Middle name	Date
Social Security Number - -	Home phone number ()		
Present Address	City	State	Zip
Email address			
Have you previously been employed by KINDER ACADEMY? Yes No			
If yes, Dates employed			
Means of transportation	Own car	Public	Other
Have you ever filed for Workman's Compensation? Yes No / Unemployment? Yes No			
How where you referred to KINDER ACADEMY?			
Type of employment desired (circle all that apply)			
full time	part time	temporary	summer
Date available for employment			
Are you willing to work in any department?			
Position desired (be specific)			
Hours of day preferred	Desired salary		

PERSONAL INFORMATION

Are you a citizen of the United States? Yes No	Birth date:
Marital status :	Maiden name:
Number of children:	Ages of children:
Circle which applies:	
Own home	Rent Board Live with parents Live with relatives
Have you ever been convicted of a crime other than a minor traffic violation? Yes No	
If yes, give charges, location, date and disposition:	
Drivers license No.: No	State: Presently insured? Yes
E Are you qualified to operate, through experience -Circle type of vehicles	
Passenger car	Van / automatic Van / standard shift None

EDUCATION & TRAINING

Name and location of school	Years completed	Year graduated / Type of Degree
High school		
Business or Technical School		
College		
Graduate School		

EXPERIENCE

Are you currently employed?	Yes	No
May we inquire to your employer?	Yes	No

(Start with present or last job)

Employers Name: Position held: Reason for leaving:	Address: Duties:
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MILITARY RECORD

Branch of Service:	Date of Service:
Final Rank or rate:	
Do you have any Reserve obligations? Yes No	If
YES, please explain	
Experience obtained	

PERSONAL REFERENCES (Give three references excluding relatives)

Name & Address: Telephone No.:	Occupation:
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PERSONAL VIEWPOINT – List below why you desire working with children. Include any special qualifications you may have that would lend in working with children. Example: teaching dance, karate, music, crafts, etc.

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MEDICAL HISTORY

Name & address of personal physician:	
Have you ever been in a hospital for observation, treatment or diagnosis? Yes No	
If YES, from that examination have you any reason to believe that you are not physically able to undertake an inside position?	
Explain:	
Have you ever been told that you had Diabetes, Cancer, Tumor, High Blood Pressure or Heart Disease? Yes No	
Explain:	
Have you consulted or been treated by any Physician or Medical Practitioner during the past three years? Yes No	
Explain:	
Are you now receiving treatment or taking medication of any kind? Yes No	
Explain:	

As a condition of employment you must maintain a current annual medical report to be kept on file in the KINDER ACADMEY office. You must assume your Physician's examination fees for such report..

Please read before signing

The undersigned applicant agrees that any contract entered into with him/her and KINDER ACADEMY, or any of its subsidiaries, shall be for an indefinite term and said employment shall be terminable at the will of either party without cause.

This is to inform you that as part of our procedure for processing you application, an investigative report may be make whereby information is obtained through a personal interview with you and/or with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to you character, general reputation, personal characteristics, and more of living, whichever may be applicable. Upon written request, within a reasonable period of time, a complete and accurate disclosure concerning the nature and scope of the investigation will be furnished to you. Such reports are a part of our routine procedures and you can be assured your application will be processed as quickly as possible.

I expressly waive all provisions of law forbidding any person who has attended to me or may hereafter attend to me from disclosing any knowledge or any information thereby acquired by him and I authorize any person to make such disclosures to KINDER ACADEMY insurance carriers. A copy of this signed statement will be sufficient for disclosure of such information.

I hereby affirm that all facts and statements se forth by me on this application for employment are complete and acctrue to the best of my knowledge and belief. I also certify that I have not knowingly withheld any facts or information which if disclosed would unfavorable affect my application. I understand that falsified or misleading information may be cause for refusal of employment or immediate grounds for dismissal if employed.

Signature _____
Date

OFFICE USE ONLY

Interview comments:

Employment date	Position
Hourly wage / salary	Schedule of hours
Interviewed by	