



THE CHILDREN'S HOUSE  
3404 Belmont Blvd  
Nashville, TN 37215

[www.childrenshousenashville.org](http://www.childrenshousenashville.org)

Ph: 615-298-5647 FAX 615-385-3943

### APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Position applied for \_\_\_\_\_

When can you start ? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [ ] Yes [ ] No

Are you looking for full time employment? [ ] Yes [ ] No If no, what hours are you available? \_\_\_\_\_

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please fully describe the circumstances:

\_\_\_\_\_

Education Include: School Name Location Year Major Degree

College \_\_\_\_\_

College \_\_\_\_\_

Montessori 3-6 Credential? \_\_\_yes \_\_\_ No If yes, from what program?

\_\_\_\_\_

In addition to your work history, list all other skills, qualifications, or experiences we should consider:

\_\_\_\_\_

\_\_\_\_\_

#### References

Name Phone How does this person know you?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Employment History: (Start with most recent employer.)

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Responsibilities \_\_\_\_\_

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Company name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history and to contact references listed. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

Signature \_\_\_\_\_ Date \_\_\_\_\_