



***St. Joseph the Worker Day School  
Job Application Form***

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Present Address

\_\_\_\_\_

Phone

\_\_\_\_\_

I certify that I am 18 years of age or older

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Position(s) applied for

\_\_\_\_\_

What method of transportation will you use to get to work?

\_\_\_\_\_

Would you work: Full-time? \_\_\_\_\_ Part-time \_\_\_\_\_

\_\_\_\_\_

List days and hours available to work

\_\_\_\_\_

List any friends or relatives working for us (names)

\_\_\_\_\_

Please list all child care experiences that can be documented (other than caring for your own children)

\_\_\_\_\_

Are there any other experiences, licenses, certificates, or skills that you feel would especially qualify you for work with our organization? If so, describe.



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**Record of Employment**

**List below all present and past employment, beginning with your most recent job.**

Name and Address of employer/ Phone #	Dates employed	Describe work done	Starting and last (or current) salary or rate of pay
1.			
2.			
3.			
4.			



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**Record of Education**

School	School name/address	Course of study	Years attended	Degree
High School				
College				
Other (Specify)				

Any special awards or honors received? \_\_\_\_\_

\_\_\_\_\_

Names, addresses, and phone numbers of three references (not family members)

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Are you WV STARS certified? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list STARS number and level. \_\_\_\_\_

WV STARS NUMBER

LEVEL



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The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigations on my personal history and financial and credit through any investigative or credit agencies.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of applicant\_\_\_\_\_

Please note that we are an equal opportunity employer.