



Bright Eyes Early Learning Centers

Employment Application

Bright Eyes is an Equal Opportunity Employer (EOE). We consider applications for all positions without regard to race, color, religion, creed, gender, nationality origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Bright Eyes Location(s) interested in applying: _____

Position you are interested in applying for: _____

Personal Information Please Print Clearly		
First Name	Middle Name	Last Name
Address Number	Street Name	Apt.
City	State	Zip Code
Home Phone	Cell Phone	Social Security #

If you are under 18 years of age, can you provide
Required proof of your eligibility to work? Yes No

Have you filed an application with us before? Yes No

Have you ever been employed with Bright Eyes? Yes No

If yes, please provide date and location:

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(If yes, proof of citizenship or immigration status may be required upon employment)

Yes No

Have you ever been convicted of a felony?

Yes No

On what date will you be available to work?

____/____/____

Education				
	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
College				
Other:				

Do you speak, read and/or write any foreign languages?

Yes No

If yes, please list: _____

Please describe any specialized training, skills, and/or extracurricular activities that you have taken part in: _____

Please describe any previous child care experience: _____

Employment History

Please start with your present job or last job. Include any job related military service or volunteer work.

Employer	Telephone Number	Dates Employed Start End	Work/Tasks Performed
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate Starting Final	
Job Title	Reasons for leaving		
Supervisor Name			

Employer	Telephone Number	Dates Employed Start End	Work/Tasks Performed
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate Starting Final	
Job Title	Reasons for leaving		
Supervisor Name			

Employer	Telephone Number	Dates Employed Start End	Work/Tasks Performed
Address	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate Starting Final	
Job Title	Reasons for leaving		
Supervisor Name			

Please summarize any special job related skills and/or qualifications.

Please state any additional information you would like us to know in considering your application.

References

Please provide three references we can contact.

First and Last Name	Address	Phone #
First and Last Name	Address	Phone #
First and Last Name	Address	Phone #

Applicants Statement:

I, certify, that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I, hereby, understand and acknowledge that unless otherwise defined by applicable law, an employment time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Applicant Signature _____ Date _____