



## Employment Application

Phone (434) 984-4150 Fax (888) 981-3638

Email: [Info@BrightEyesCommunity.com](mailto:Info@BrightEyesCommunity.com)

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? ( ) Yes ( ) No

### Education:

What is the highest level of education or certification that you have completed? \_\_\_\_\_

\_\_\_\_\_

### Previous Employment:

Company: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience working with children (if not directly mentioned above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Skills/Certifications:

Are you CPR/FA certified? ( ) Yes ( ) No. If so, when does your certification expire? \_\_\_\_\_

Are you MAT certified? ( ) Yes ( ) No. If so, when does your certification expire? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

What are some of your hobbies or special interests? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions that Bright Eyes should be made aware of?

\_\_\_\_\_

\_\_\_\_\_

**References:**

Please list 3 references (full names, contact numbers, and how you know them)

Reference #1

\_\_\_\_\_

Reference #2

\_\_\_\_\_

Reference #3

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

=====

**STAFF USE ONLY:**

Date of Contact: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Position: \_\_\_\_\_ Rate: \_\_\_\_\_

Date of Job Offer: \_\_\_\_\_