

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_



## PERSONAL INFORMATION

NAME (LAST, FIRST)			
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER ( ) -	E-MAIL		
SECONDARY PHONE NUMBER ( ) -	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO A KUMON CENTER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH LOCATION?	WHEN?

## EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
MIDDLE SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

EXTRACURRICULAR ACTIVITIES/SPECIAL TRAINING/SKILLS/AWARDS

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE: MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	CONTACT INFORMATION	RELATIONSHIP	YEARS KNOWN

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to take any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_