

Wonder Years at Anderson Creek Club

c/o Betty Hunnicutt – 351 Wagoner Drive, Suite 155, Fayetteville NC 283030
 Phone 910-624-6563 or Fax 910-814-2892 or Email POA@AndersonCreekClub.com

Application for Employment

(Fully complete both pages)

_____ Date of Application

Please Print

Social Security Number		Last Name		First Name		Middle Name	
Address (street number and name)				City		County	
State	Zip Code	Phone (home or where you can be reached)			Business Phone		

Position Applied For: _____

Date of Birth: / / N. C. Driver's License Number _____
(month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation?

YES NO If yes, give the date and explain fully on an additional piece of paper if more space is needed

Have you ever had a Department of Social Services (DSS) substantiation?

YES NO If yes, list county/State and give the date and explain fully on an additional piece of paper if more space is needed

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Coursed of Study	Degree/Diploma
High School				
		to		
College or University		to		
		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocational Schools, etc.		to		
		to		
		to		
		to		

Child care training you have completed in the last three years (such as first aid, CPR, CDA, ITS-SIDS, etc.):

References

List the names, addresses and phone numbers of two people we may contact as references:

Work History

(List child care/early childhood experience first.)

Current or Last Employer			Address		
Job Title			Supervisor's Name		No. Supervised by you
Date Employed (mo/yr)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving	May we contact employer? yes no	
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours per week					

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Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours per week					

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____