

BAYSHORE EARLY LEARNING CENTER
 3131 Amber Bay Loop • Anchorage, Alaska 99515
 Phone (907) 522-4909 • Fax (907) 344-0810
www.bayshoreclub.org • pam@bayshoreclub.org

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last name		First name	Middle Initial	Application date
	Preferred name		Previous names, if any (i.e. maiden or name change)		Position applying for
	Mailing Address				Main phone
	Physical Address				Alternative phone
	Email				Social Security Number
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Desired start date?
	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Type of employment preferred?		Preferred work days		Desired number of hours per week?
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either		<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Have you ever been convicted of a crime of violence or moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u> , please explain				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been fired, suspended or allowed to resign for cause? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes</u> , please explain				Minimum acceptable pay rate per hour? _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	

Transcripts may be required

E D U C A T I O N	School	Name and City/State of school	Degree	Major	GPA	Graduate?	# of years attended
	High School/GED					<input type="checkbox"/> Graduate <input type="checkbox"/> Non-Graduate <input type="checkbox"/> GED	
	College/Univ.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CDA or other certificate					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CDA or other certificate					<input type="checkbox"/> Yes <input type="checkbox"/> No	

O F F I C E	General Office Skills		
	Word processing program	<input type="checkbox"/> Word <input type="checkbox"/> Other	Typing / Keyboarding Speed <input type="checkbox"/> n/a <input type="checkbox"/> 35+ <input type="checkbox"/> 45+ <input type="checkbox"/> 55+ <input type="checkbox"/> 65+ Typing / Keyboarding <input type="checkbox"/> By sight <input type="checkbox"/> By touch 10-Key calculator <input type="checkbox"/> By sight <input type="checkbox"/> By touch Additional skills:
	Spreadsheet	<input type="checkbox"/> Excel <input type="checkbox"/> Other	
	Presentation	<input type="checkbox"/> PowerPoint <input type="checkbox"/> Other	
	Calendar / Email	<input type="checkbox"/> Outlook <input type="checkbox"/> Other	
	Internet	<input type="checkbox"/> Internet Explorer <input type="checkbox"/> Other	
Computer experience	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> Both		

EMPLOYMENT

Required: Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If a break in employment of six or more months, please provide explanation (i.e. school, stayed home, volunteer work).

1	Employer Name		Phone	Fax
	Address		Employed (State month and year) <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
			From	To
	Name of Supervisor	Dept	Pay rate	
		Start	Last	Per
Job Title / Job Duties / Responsibilities			Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Reason for leaving?	
			If you were asked to leave, please explain.	

2	Employer Name		Phone	Fax
	Address		Employed (State month and year) <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
			From	To
	Name of Supervisor	Dept	Pay rate	
		Start	Last	Per
Job Title / Job Duties / Responsibilities			Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Reason for leaving?	
			If you were asked to leave, please explain.	

3	Employer Name		Phone	Fax
	Address		Employed (State month and year) <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
			From	To
	Name of Supervisor	Dept	Pay rate	
		Start	Last	Per
Job Title / Job Duties / Responsibilities			Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Reason for leaving?	
			If you were asked to leave, please explain.	

4	Employer Name		Phone	Fax
	Address		Employed (State month and year) <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
			From	To
	Name of Supervisor	Dept	Pay rate	
		Start	Last	Per
Job Title / Job Duties / Responsibilities			Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Reason for leaving?	
			If you were asked to leave, please explain.	

5	Employer Name		Phone	Fax
	Address		Employed (State month and year) From _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Name of Supervisor	Dept	Pay rate Start _____ Last _____ Per _____	
	Job Title / Job Duties / Responsibilities		Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving? If you were asked to leave, please explain.	

6	Employer Name		Phone	Fax
	Address		Employed (State month and year) From _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Name of Supervisor	Dept	Pay rate Start _____ Last _____ Per _____	
	Job Title / Job Duties / Responsibilities		Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving? If you were asked to leave, please explain.	

7	Employer Name		Phone	Fax
	Address		Employed (State month and year) From _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Name of Supervisor	Dept	Pay rate Start _____ Last _____ Per _____	
	Job Title / Job Duties / Responsibilities		Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving? If you were asked to leave, please explain.	

8	Employer Name		Phone	Fax
	Address		Employed (State month and year) From _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Name of Supervisor	Dept	Pay rate Start _____ Last _____ Per _____	
	Job Title / Job Duties / Responsibilities		Did you resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving? If you were asked to leave, please explain.	

FORMER EMPLOYER REFERENCE LETTER

Please read before signing:

- I have submitted an application for employment to Bayshore Owners Association.
- I hereby request and authorize all current and past employers listed on my application to release the information requested below by Bayshore Owners Association.
- I hereby release you and all individuals or persons connected herein from all liability or damage whatsoever incurred in furnishing such information.

Name(s) used with current or past employer(s) _____

Social Security number _____

Date _____ Signature _____

Applicant: No writing in area below

Company name _____ Phone (_____) _____

Employee title _____

Full time Part-time Dates of employment _____

Salary _____

Reason for job departure: _____

Main duties:

Performance:

Technical skills (keyboarding, 10-key, PC, or other appropriate to job): _____

Eligible for rehire: Yes No

Other comments:

Violence or dishonesty issues we should be aware of: Yes No

Company representative name _____

Title _____

Company representative title _____

Dept _____

Signature _____

Date _____

Please fax your response to 907-344-0810
THANK YOU

Please describe any other experience or skills which you feel are pertinent.

References		
Please list the names and addresses of three persons who can testify to your character, work ethics, and abilities. At least two should be business-related		
Name	Address (including zip)	Telephone Number
Name	Address (including zip)	Telephone Number
Name	Address (including zip)	Telephone Number

I, _____, hereby certify
(printed name)

That the information provided in this Application for Employment is true, correct, and complete to the best of my knowledge and I have withheld nothing that would, if disclosed, unfavorably affect this position. That if employed, any misstatement or omission of fact on this application may result in my dismissal. That acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employment in the future. That the employment relationship is "At Will." That an offer of employment is subject to full completion and subsequent review and approval of the Application for Employment Packet and all components thereof, including, but not limited to Application, Background Check and results thereof (fingerprints and/or Interested Persons Report), previous employment verification, three positive references, I-9, and W-4. That crimes of violence or moral turpitude may preclude employment. That different positions have varying rates of pay. That if original position or hours are no longer available, rate of pay is subject to change. That not all positions or hours may continue to be available during the application process. I hereby authorize the employer to contact the persons listed as employers and references and I understand that the employer may contact others and, at any time, seek verification of any and all information contained herein. I authorize Bayshore Owners Association to investigate statements contained in this application and to contact listed references.

Date: _____

Signature: _____