



## Sensory Kids Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE  
APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

DATE \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle Maiden \_\_\_\_\_

Present address \_\_\_\_\_

Number Street City State Zip \_\_\_\_\_

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_

Salary desired \_\_\_\_\_  
(Be specific)

Days/hours available to work:  
No Preference \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Employment desired \_\_\_\_\_ FULL-TIME ONLY \_\_\_\_\_ PART-TIME ONLY \_\_\_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL NAME OF SCHOOL LOCATION \_\_\_\_\_  
(Complete mailing address)

NUMBER OF YEARS COMPLETED \_\_\_\_\_

MAJOR & DEGREE \_\_\_\_\_

High School \_\_\_\_\_ College \_\_\_\_\_ Bus. Or Trade School \_\_\_\_\_ Professional School \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your means of transportation to work?

\_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator \_\_\_\_\_ Commercial \_\_\_\_\_ (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**OFFICE POSITIONS ONLY**

Typing \_\_\_\_\_ WPM 10-key \_\_\_\_\_ No Processing \_\_\_\_\_ No \_\_\_\_\_ WPM

Personal \_\_\_\_\_ Yes \_\_\_\_\_ PC Computer \_\_\_\_\_ No \_\_\_\_\_ Mac

Excel \_\_\_\_\_ Word \_\_\_\_\_ Outlook \_\_\_\_\_ PowerPoint \_\_\_\_\_ QuickBooks \_\_\_\_\_

Which Medical software have you worked with? \_\_\_\_\_

Other \_\_\_\_\_

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Sensory Kids LLC monopolizes the At Will employment concept and thus according to Section 1.01. Employer and Employee recognize that this is an "at will" relationship. Either party may terminate the relationship and the employment with our without notice to the other for any reason whatsoever.

#### **MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_

Discharge Date \_\_\_\_\_

#### **WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach resume if necessary.**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Employment dates \_\_\_\_\_

Pay or salary start and ending \_\_\_\_\_

Phone number \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Employment dates \_\_\_\_\_

Pay or salary start and ending \_\_\_\_\_

Phone number \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Employment dates \_\_\_\_\_

Pay or salary start and ending \_\_\_\_\_

Phone number \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Employment dates \_\_\_\_\_

Pay or salary start and ending \_\_\_\_\_

Phone number \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, who did? \_\_\_\_\_

I verify that all of the information above is true, and answered with the best of my capacity.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_