

## Employment Application

Froggie Frontier is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL			
Last Name:	First:	Middle:	Social Security #:(voluntary for ID only)
Other Name(s) Used:			Home Telephone #: (   )
Address:			Cell or Message # (   )
Position Applying for:	Days & Hours Available to Work: Mon. _____ Tu. _____ Wed. _____ Th. _____ Fri. _____		Nearest Living Relative – Name & Relationship
Salary Desired:			Telephone Number(s)
Referred by:			Address
Date of Last Physical Examination:		Date of last TB test:                      Clear? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified in Pediatric or Adult/Child/Infant CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list expiration date:	
Are you certified in First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list expiration date:	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, please state your age	

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			

Employment Related Courses (ECE/Other) As Specified in Job Description for which you are Applying:

Course Title	Name of School and Address	Number of Units Completed	Date Completed	Currently Enrolled

## EMPLOYMENT HISTORY

List previous employment starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information. If additional space is needed, please attach a separate page.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## REFERENCES

List the names of three persons who can give information about your background, character, abilities, etc. as it relates to the position for which you are applying:

Name	Address	Telephone Number	Relationship to You (Friend, Employer, etc.)

## GENERAL

Yes No

- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, including misdemeanors and summary offenses? (A  yes response does not automatically disqualify your application.)

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Froggie Frontier, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Froggie Frontier to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Froggie Frontier and will hold Froggie Frontier and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that in the event that I am hired by Froggie Frontier, I will need to provide documentation that I meet the minimum qualifications of the job for which I am hired, including, but not limited to copies of transcripts and certifications; and successful completion of a criminal background check, fingerprint screening, physical screening and TB clearance PRIOR to beginning employment.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Froggie Frontier is intended to create an employment contract between myself and Froggie Frontier under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Froggie Frontier, at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date