

First Years Academy



Give your child the advantage where it counts... the future!

APPLICATION FOR EMPLOYMENT

Name: _____ Today's date _____

Address: _____

Phone # _____ Soc. Sec. Number _____

Education:

Please list in order of completion

School	Major	Degree	Years completed

Work Experience:

Please list most recent first

Employer	Job title	Supervisors name	Phone number	Reason for leaving

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Date available to start: _____ Days available to work: _____
Hours available: _____ Part time or Full time desired (please circle)

Please list any certificates or other child related information below: _____

Do you have a current First Aid _____ CPR _____ EEC (OCCS) certificate _____
If yes: expires _____ number and qualification _____

References:

Please list three unrelated references below

Name	Address	Phone #	Relationship

By signing below I give permission to First Years Academy to contact any/ all my previous employers and references listed above. I understand I will also need to fill out and sign a CORI (criminal records check) form prior to myself being hired.

Signature of applicant

date

Please mail or fax to:

PO BOX 392

E. Templeton Ma. 01438

Fax: 978-630-0013