

ELFERS CHRISTIAN PRE-SCHOOL
5630 OLYMPIA STREET
NEW PORT RICHEY, FL 34652

Date: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security: _____ - _____ - _____

Spouse's Name: _____ Spouse's Occupation: _____

Number of Dependents, including yourself: _____ Number of Children: _____ Ages: _____

Would you be interested in employer sponsored health insurance? _____ If no, are you already covered under another policy? _____

Employment

Please list your past three employers, starting with the most recent:

1. Name: _____

Address: _____

Employed from: _____ Until: _____

Phone: _____ Supervisor: _____

Position: _____ Salary: _____

2. Name: _____

Address: _____

Employed from: _____ Until: _____

Phone: _____ Supervisor: _____

Position: _____ Salary: _____

3. Name: _____

Address: _____

Employed from: _____ Until: _____

Phone: _____ Supervisor: _____

Position: _____ Salary: _____

4. Name: _____

Address: _____

Employed from: _____ Until: _____

Phone: _____ Supervisor: _____

Position: _____ Salary: _____

5. Name: _____

Address: _____

Employed from: _____ Until: _____

Phone: _____ Supervisor: _____

Position: _____ Salary: _____

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Education

School: _____ City: _____ State: _____
Grade or level: _____ Graduated: _____ Degree conferred: _____

Early Childhood Education

DCF 40 Hours Complete: _____ Yes _____ No CDA: _____ Yes _____ No _____ Currently Enrolled

Spiritual

Born Again: _____ Yes _____ No Church: _____ Member: _____ Yes _____ No

Describe your areas of responsibility in your church: _____

Emergency Contact

Name: _____ Phone: _____

If your application is considered favorably, on what date will you be available for work? _____

Desired Salary: _____

* I affirm that the above information is complete and true. I understand that false statements on this application will be considered sufficient cause for dismissal.

Signature of Applicant

Date of Application