

**Brown/Fox Point Early Childhood Education Center  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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What prompted your application?          Advertisement \_\_\_\_\_          Own accord \_\_\_\_\_  
Employee referral \_\_\_\_\_          Other referral \_\_\_\_\_

Position you are applying for \_\_\_\_\_          Date you can start \_\_\_\_\_

Minimum salary acceptable \_\_\_\_\_          Are you employed now? \_\_\_\_\_

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**EDUCATION**

High School \_\_\_\_\_          Year of graduation \_\_\_\_\_  
College (or trade school) \_\_\_\_\_          Certificate/degree \_\_\_\_\_  
Graduate school \_\_\_\_\_          Certificate/degree \_\_\_\_\_  
Undergraduate major \_\_\_\_\_  
Graduate major \_\_\_\_\_  
Are you planning to further your education? \_\_\_\_\_

Other relevant training, courses, workshops, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PROFESSIONAL ACTIVITIES / ASSOCIATIONS (include volunteer work)**

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\_\_\_\_\_

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***It has always been our policy to administer all personnel actions (including hiring) without regard to age, race, color, religion, sex, sexual orientation, or national origin.***

**PREVIOUS EMPLOYMENT** (indicate last 3 employers)

Date (month & year)	Employer name, address & phone number	Salary	Position	Reason for leaving

**PROFESSIONAL REFERENCES:**

Name	Address	Telephone	Occupation

Please describe any additional information concerning previous positions, including issues that references might raise.

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I authorize Brown/Fox Point to inquire as to my record of any or all persons and of my former employers. In the event of my employment with the Center, I agree to comply with the rules and regulations governing my employment.

I understand that there is a three-month probationary period for all new employees. Evaluation during this period will be ongoing. Employees who are not performing satisfactorily during the probationary period may be dismissed by the Director.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date