

Aldrich Memorial Nursery School



For The Good Of Children

APPLICATION FOR EMPLOYMENT

Date _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (C) _____

Email Address _____

Are you at least 18 years of age? Yes No

Have you ever been convicted of a criminal offense (misdemeanor or felony)? Yes No

**Each applicant must submit and pass a MN Background Study to begin employment with Aldrich.*

Position Applying For _____

Circle all that interest you: Full Time Part Time Substitute

Desired Salary _____

Days/Hours Available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Available					

Education:

Name/Address of School	Graduated	Type of Degree or Diploma	Major/Minor Fields of Study
	Yes No		
	Yes No		
	Yes No		

Can you provide transcripts to document your education experience? Yes No

Work Experience (Most recent experience first):

Employer (Company Name)	Address (Street, City, State)
Phone Number	Dates Employed
Supervisor	Salary
Position, Duties	Reason for Leaving
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Phone Number	Dates Employed
Supervisor	Salary
Position, Duties	Reason for Leaving

May we contact your present employer? Yes No

Experience(s) working with children (paid or volunteer):

Organization/School	Address	Ages of children	Dates

References:

Name	Relationship	Phone
1.		
2.		
3.		

Signature of Applicant _____ Date _____

We are an Equal Opportunity Employer