□ Tiny Tots Playroom

1500 King Street Suite 105 Alexandria, VA 22314 **Tel: (703) 683-5130** tinytots.org

□ Blue Bird Day School

2401 9th Street North Arlington, VA, 22201 **Tel: (703) 525-7117** bluebirddayschool.org

□ Brentwood Academy

3725 Nalls Road Alexandria, VA 22309 **Tel: (703) 780-5750** brentwoodacademy.org

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last	First	Middle	_ Date		
Street Address					
City	State	Zip			
Telephone ()) Social Security #				
Position applied for					
How did you hear of this oper	ning				
When can you start	hen can you start Desired Wage \$				
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?					
[] Yes [] No					
If you are under 18 years of age can you provide required proof of eligibility to work? [] Yes [] No					
Are you looking for full time employment? [] Yes [] No					
If no, what hours are you available?					
Can you travel if job requires it? [] Yes {] No Have you ever been employed by us before? [] Yes [] No					
Are you currently on "lay-off" status and subject to recall? [] Yes [] No Have you ever been convicted of a felony? [] Yes [] No If yes, please fully describe the circumstances:					

Education: School Nan	ne and Location Yea	r Major Degree
High School		
College		
should consider:	•	ther skills, qualifications, or experience we
Employment History:	(Start with most rece	ent employer.)
Company name	· · · · · · · · · · · · · · · · · · ·	
Address	· · · · · · · · · · · · · · · · · · ·	Telephone
Date Started	Starting Wage _	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor	M	lay we contact? [] Yes [] No
Responsibilities		
Company name		
		 Telephone
		Starting Position
Date Ended	Ending Wage	Ending Position
		lay we contact? [] Yes [] No
Responsibilities		

Company name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage _	Ending Position
Name of Supervisor		May we contact? [] Yes [] No
Responsibilities		
Reason for leaving		
References:		
Name		Phone #
		Address
Name		Phone #
_		Address
3Name		Phone #
		Address
Attach additional inform	•	/. lication for employment are true and complete
to the best of my knowledge this application shall be hereby authorized to me history. I understand the either I or this company without prior notice, and continue on that basis.	ledge. I understant considered suffice ake any investigate at employment at can terminate the differ any reason numberstand that	d that if I am employed, false statements on sient cause for dismissal. This company is tions of my prior educational and employment this company is "at will," which means that e employment relationship at any time, with or not prohibited by statute. All employment will no supervisor, manager, or executive of this ne authority to alter the foregoing.
Signature		Date