## Children's Land of Imagination Academy Application of Employment

i ci sonai ini	oi manon			Dai	c
Name:					
(Last)		(First)		(Middle)	
Street Address					
Emergency Co	ntact:		Relationship)		(D1 )
Email Address	(Name)		Keiauonsnip)		(Phone)
	ich you are applying		Part time		
	ant Lead Tead				ve Cook
	expected \$		ant reaction	Dus unv	CCOOK
	been convicted of a		If ves explain:		
•		-			check for conviction of
	u authorize this com				
•	le to pass this cleara				
Educational	Background				
School	School Na	me	Major		Did you graduate?
Level					What Year?
High School					
College					
Other					
Pediatric CPR_	rough County traini CDLC t <b>History</b> (Beginning	Other			
Place of empl	oyment				
Name of Supe	ervisor	Phone			
Date Employe	ed	Date Left		Job title	e
Your Position	<u> </u>		Salary		
Description of	f job duties				
Reason for lea	aving?				
Place of empl	oyment				
Name of Supe	ervisor		Phone		
Date Employe	ed	Date Left		Job title	<b>,</b>
Your Position	<u> </u>		Salar	·y	
Description of	f job duties				
Reason for lea	aving?				
L			May I contact	the supervi	sor? Yes No

**References**: (give the name of three people not related to you and have been known you for at least one year)

Name	Occupation	Phone	

	)	CONT				
Please answer the blow que	<del>_</del>	ct your references? Yes	No			
1. Why do you like to work with	children?					
2. What's your career goal?						
3. What age group does you like	working with the most and why?					
4. How would you handle conflic	ct in the classroom?					
5. What are some of your strengt	hs?					
I contifue that the above information	on is two if I folgified envelopes it	movioonordiga my ampla-	ymant			
I certify that the above information is true if I falsified anything it may jeopardize my employment.						
Signature:	Σ	Oate:				