

# GRETNA KIDS CONNECTION

## APPLICATION FOR EMPLOYMENT

The Gretna Public School Foundation does not discriminate on the basis of sex, race, national origin, marital status, age, or disability in admission or access to, or treatment of, or employment in, its programs and activities. It is the intent of the Gretna Public School Foundation to comply with both the letter and the spirit of the law in making certain discrimination does not exist in tis policies, regulations, and operations.

Name : \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Position Desired: \_\_\_\_\_ Site Director \_\_\_\_\_ Assist. Director \_\_\_\_\_ Support Staff  
\_\_\_\_\_ Other \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Days Available: \_\_\_\_\_ M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F

For the school year, is there any significant time that you are unavailable?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Available start date: \_\_\_\_\_

Please mark all schools you are interested in working at:

\_\_\_\_\_ Aspen Creek Elem. \_\_\_\_\_ Falling Waters Elem. \_\_\_\_\_ Gretna Elem.  
\_\_\_\_\_ Harvest Hills Elem. \_\_\_\_\_ Palisades Elem. \_\_\_\_\_ Thomas Elem.  
\_\_\_\_\_ Whitetail Creek Elem.

## Reference Information

Please list two references other than relatives or individuals under the age of 18:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Employment Experience

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Supervisors' Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Supervisors' Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ This is my first job.

**Education**

School/College Attended:	# of years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this Application shall be grounds for dismissal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_