

BORNHAVA

Specialized Early Childhood Center of WNY, Inc. 25 Chateau Terrace Amherst, NY 14226
(716) 839-1655 FAX (716) 839-1656

Employment Application

Date _____

Name: _____
Last First M.I. Maiden Name

Address: _____
Number & Street Apartment/Unit #

_____ *City State ZIP Code*

Phone: ____ (____) _____ E-mail Address: _____

Position Applied For: _____ Full Time: _____ Part Time: _____ Sub: _____

Available When: _____ Social Security # _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S. Yes No

Have you ever worked for Bornhava Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If so, please explain _____

Education

High School: _____ Location: _____

From: _____ To: _____ Major Field of Study: _____ Degree: _____

College: _____ Location: _____

From: _____ To: _____ Major Field of Study: _____ Degree: _____

Graduate Work: _____ Location: _____

From: _____ To: _____ Major Field of Study: _____ Degree: _____

Are your assembled credentials available? _____

Do you now hold a valid New York State Teaching Certificate? _____

Type of Certificate? _____ Expiration Date: _____

Other Education or Training (Specify): _____

References

Please list three professional references:

Name: _____ Relationship: _____

Company: _____ Phone: ____ (____) _____

Address: _____ City: _____ State: _____

Name: _____ Relationship: _____

Company: _____ Phone: ____ (____) _____

Address: _____ City: _____ State: _____

Name: _____ Relationship: _____

Company: _____ Phone: __ (____) _____

Address: _____ City: _____ State: _____

Previous Employment

Company: _____ Supervisor: _____

Address: _____ Phone: __ (____) _____

Job Title: _____ Level taught: _____ Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone: __ (____) _____

Job Title: _____ Level taught: _____ Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone: __ (____) _____

Job Title: _____ Level taught: _____ Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? Yes No

List Volunteer Work Experience

List Professional Organization Affiliations

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Applicant – Do Not Write In This Space

Resume Completed * Date _____ Interviewed/By _____ * Date _____ Position _____

References Checked/By _____ * Date _____ Comments: _____

References Checked/By _____ * Date _____ Comments: _____

References Checked/By _____ * Date _____ Comments: _____

Employment Letter Sent * Date _____ Start Date _____ Salary _____