

After School Programs, Inc.

Application for Employment

Date: _____

Personal Information

Name: _____ Social Security #: _____

Street Address: _____ City: _____

Phone #: _____ Referred by: _____

Employment Desired

Position: _____ Date you can start: _____

Are you employed: ___ YES ___ NO

Ever applied to this company before: ___ YES ___ NO

Education History

	Name & Location of school	Did you graduate?/Yrs Attended
High School		
College		
Trade/Correspondence School		

Former Employers (starting with most recent employer first)

Start date/Term date	Name and city of employer	Salary	Position	Reason for leaving

References:

Name: _____ How do you know this person: _____

Phone #: _____

Name: _____ How do you know this person: _____

Phone #: _____

Name: _____ How do you know this person: _____

Phone #: _____

Have you ever been convicted of a crime? ____ YES ____ NO

If yes, please give the details of your conviction _____

Do you have any special skills or training that would be helpful for this position: _____

Please email, fax or send your application to:

After School Programs, Inc.

5700 Horizons Lane

Margate, FL 33063

Fax: 954-970-7073

swynter@afterschoolprograms.com