



The Garden Patch Creative Learning Center Employment Application

Date: _____

Personal Information

Last name:	First Name:	Middle Initial:
Other names by which you have been known (for date verification and reference checking purposes):		Social Security Number:
Home Phone:	Business Phone:	Email Address:
Permanent Address (Street, City, State):		Zip Code:
Previous Address (if at current address for less than 5 years):		Driver's License Number:

If you are not a citizen of the United States, are you eligible to work in the U.S.? ☐ Yes ☐ No

Are you able to provide the necessary documents of proof of the legal right to work upon hire? ☐ Yes ☐ No

Are you under 18 years of age? ☐ Yes ☐ No

If you are under 18 years of age, you may be required to provide a work permit upon hire.

Have you ever been convicted of a felony?

If yes, give the date, place, offense, and outcome (Previous convictions do not necessarily disqualify an applicant from employment): _____

How were you referred to us? ☐ Website ☐ Advertisement ☐ Agency ☐ Employee ☐ Other

Name of referral source: _____

Have you been involved in any motor vehicle accidents? ☐ Yes ☐ No

If yes, how many? _____

Have you had any moving violation citations? ☐ Yes ☐ No

If yes, how many? _____

Employment Interest

Position Desired:	Wage Desired:	Available Start Date:
Full or part time:	If Part Time, approximate number of hours desired per week:	

Please indicate the hours you are available to work each day:

Monday	Tuesday	Wednesday	Thursday	Friday
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The Garden Patch Creative Learning Center
8675 S 167th Plaza Omaha Ne 68136 5192 S 193rd Street Omaha Ne 68135
402 991-1517 402 614-0078

Education and Training

Indicate last level completed for each:

High School:		College or University:		Graduate School:	
Name of Institution (High School, University & Technical/Trades)		City & State		Major	Degree
Month/Year of Degree					

Please list any additional education, vocational, military, or other information that you feel may be helpful to us in considering your application: _____

Employment History (*Please list most recent employer first*)

Company Name:				May we contact employer? ___Yes ___No	
Address (street, city, state, & zip code):					
Job Title Begin: End:		Rate of Pay: Begin: End:			
Job Duties:					
Supervisor Name & Title:			Phone:		Employment Dates: From: To:

Company Name:				May we contact employer? ___Yes ___No	
Address (street, city, state, & zip code):					
Job Title Begin: End:		Rate of Pay: Begin: End:			
Job Duties:					
Supervisor Name & Title:			Phone:		Employment Dates: From: To:

Company Name:				May we contact employer? ___Yes ___No	
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Job Title Begin: End:		Rate of Pay: Begin: End:			
Job Duties:					
Supervisor Name & Title:			Phone:		Employment Dates: From: To:

Professional References—Please list at least one (1) current or former supervisor/manager

Name	Email Address	Phone	Business Relationship