

The S.S. Noah Play Care Center
111 N. Central Expwy Ste 116
Allen, Texas 75013
214-495-8809
Fax: 214-495-8871

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

What position are you applying for? _____

Salary Desired _____

What is your availability? Check all that apply.

___ F/T ___ P/T ___ Evenings ___ Days ___ Weekend

Which days are you available to work? Circle all that apply.

Monday Tuesday Wednesday Thursday Friday Saturday

Work History

Are you presently employed? Yes or No

If yes, where? _____

Please list your last three employers beginning with the most recent.

Dates of Employment	Name of Employer	Phone Number	Supervisor's Name	Reason for Leaving

Personal References

Name Telephone Number Relationship

1. _____
2. _____
3. _____

Education Information

Name of High School: _____

Did you graduate? _____ If yes, what year? _____

Name of college or trade school: _____

Signature _____ Date _____