

# Creative World Learning Centre' Inc.

## Annandale Location

6715 Little River Turnpike  
Annandale, VA 22022  
703.642.3544  
703.642.3513 Fax

## CWLC Alexandria Location

241 South Reynolds St.  
Alexandria, VA 22304  
703.212.2024  
703.212.2026 Fax



# Employment Application

## Position Information

For Office  
Use Only

Position Applied For:	Date Available
Full or Part Time	Desired Salary

Date of Hire

## Personal Information

Last Name	First Name	Middle Name
Home Phone	Alternate Phone#	
Social Security #	Driver's License # & State Issued	
Address	Are you 18 years or older?	
	If no, please state age:	
E-Mail Address		

Date of Birth

Position

Do you have any medical conditions which may interfere with fulfilling the responsibilities of the position for which you are applying?	Yes or No
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If yes Please explain:

Have you ever been convicted of a felony, barrier or subject to a founded Child Protective Service Complaint?	Yes or No
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If yes Please explain:

Employment Requires Criminal Background Review. Is this acceptable to you?	Yes or No
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S.S. #

In Case of Emergency, please notify:	Name
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Address:

Phone	Relationship
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S.S. #

Date of Separation

**\*This Employment Application is "at will" and does not constitute employment with Creative World Learning Centre'**

**Disclosure:** Before driving a vehicle to transport children, I realize that I am required to disclose any moving violation that occurred five years prior to or during employment or assignment as a driver

Signature	Date
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**Education and Training**

Name and location of High School	
Date of Graduation or GED:	Highest Grade Completed:
Name and location of College/University:	Dates Attended:
Degree(s) Earned:	Number of years completed:
Additional training or certifications that would be helpful in evaluating your application:	

**Experience**

**Begin with the current or most recent employment (including military experience). Use additional paper if necessary**

Position:	Full or Part Time	Dates: From / To:
Employer:	Address:	
Supervisor Name	Phone	May we contact this employer?
Reason for Leaving:		Salary: (specify hourly or salary)
Job Duties		

Position:	Full or Part Time	Dates: From / To:
Employer:	Address:	
Supervisor Name	Phone	May we contact this employer?
Reason for Leaving:		Salary: (specify hourly or salary)
Job Duties		

Position:	Full or Part Time	Dates: From / To:
Employer:	Address:	
Supervisor Name	Phone	May we contact this employer?
Reason for Leaving:		Salary: (specify hourly or salary)
Job Duties		

**Employment Application cont.**

Position:		Full or Part Time	Dates: From / To:
Employer:		Address:	
Supervisor Name	Phone	May we contact this employer?	
Reason for Leaving:		Salary: (specify hourly or salary)	
Job Duties			

Please describe any volunteer work or other experience to child care:

**References** (Must Supply three References)

Name	Title	Relationship
Company	Phone Home	Phone Work
Address:		

Name	Title	Relationship
Company	Phone Home	Phone Work
Address:		

Name	Title	Relationship
Company	Phone Home	Phone Work
Address:		

Name	Title	Relationship
Company	Phone Home	Phone Work
Address:		

I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.

**I hereby certify that the information given in this application is true and complete to best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date