

## www.allenchildrencenter.com

## A.C CENTER 1804 ST.JOHNS BLUFF RD.S JACKSONVILLE, FL 32246

ether/(904) 642-1164-OFFICE, (904) 642-0717-FAX

Facebook Allen Children Center

facebook.

Allen's Children

Email allenchildrencenter@yahoo.com

## APPLICATION FOR EMPLOYMENT

Name:	Date of Application:							
Social Security Number:	urity Number:Date of Birth:							
Address:								
City	State		Zip Code					
Home Phone		Cell Phone						
Number of children		Ages	Are you pregnant now YES	NO				
Citizen of the USA YES NO								
Position (age group) you pre	fer							
Date you can Start								
Salary	Days Available to work							
Hours available to work								
DCF Certified YES NO								
If yes what certificates								
Have you ever worked for us	before YES N	10						
If Yes when								
Why would you like to work	with children? _							

## **PAST EMPLOYERS**

May we contact your previous employer YES NO

**REFERENCES:** Please give below the names of 3 people not related to you whom you have known for at one year.

Name Add		ldress/ Phone		Position	How many years		
EDUCATION						l	
High School		Address	Dipl	Diploma		Graduation Date	
College		Address	Dipl	Diploma		Graduation Date	
Other							
SPECIAL SKILLS_							
Three words or l	ess, de	scribe yourself					
job performance explain	in the	al, mental or med position for whic	h you are ap	plying YES	NO if yes		
		tigate all of my st					
Signature		date					
Interviewed by_		date					
Remarks							