

APPLICATION FOR EMPLOYMENT



Thank you for your interest in and application for employment with Concern Mom Corporation / DBA Soar On Eagle Wings. An Equal Employment Opportunity Employer - Concern Mom (CM) treats every employee with dignity and respect. As an equal opportunity employer, CM is dedicated to a policy of non-discrimination in every facet of employment. We strive to choose the best qualified individuals based on job-related qualifications, regardless of race, color, age, sex, national origin, citizenship status, handicap, religion, marital status, personal appearance, political affiliation, sexual orientation, family responsibilities or matriculation.

Employment decisions are based on skill, ability, commitment to team work, dependability, dedication, professional conduct, productivity, flexibility, good attendance and quality of service and work.

GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: (Street, P.O. Box, Apt. #) _____ CITY, TOWN, _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (area code) _____ ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) YES NO

HAVE YOU EVER BEEN EXCLUDED FROM FEDERAL HEALTH CARE PROGRAMS BY THE INSPECTOR GENERAL OF THE DEPT. OF HEALTH AND HUMAN SERVICES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? YES NO IF YES, WHAT AND WHERE? _____

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific) MARCK WITH AN X I AM AVAILABLE TO WORK (Check All Applicable) MARCK WITH AN X
DIRECTOR DESIGNEE LEAD TEACHER'S TEACHER'S AID _____ FULL TIME PART TIME TEMPORARY WEEKDAYS WEEKENDS
SECRETARY COOK DRIVER _____ MORNINGS AFTERNOONS EVENINGS NIGHTS
INFANT TODDLER PRE-K AFTERSCHOOL SUMMER CAMP

DATE AVAILABLE: _____ EXPECTED COMPENSATION: _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

THIRD HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

OTHER EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ City or Town _____ State _____ Zip Code _____

EMPLOYMENT HISTORY: (List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

REFERENCES: (List Two Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.	_____	_____	_____
2.	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Concern Mom Corporation / DBA Soar On Eagle Wings, or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Concern Mom Corporation / DBA Soar On Eagle Wings. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and/or drug screening by company physicians.

I understand that if hired, I'm entering into a co-employment relationship whereas Concern Mom Corporation / DBA Soar On Eagle Wings is my worksite and directing employer. I agree the benefit plans offered in my co-employment package are the only benefits I'm eligible to participate in. I further agree that I will not be eligible for other benefits (if any) offered to other non co-employees of Concern Mom Corporation / DBA Soar On Eagle Wings now or in the future.

This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: _____ DATE: _____