



General Information

First Name	Last name
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Middle Name	Date of Birth
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Home Address

Start Date	Email
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Phone Number	Cell Phone Number
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Social Security Number	Drivers License #
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Availability; Please list days and times that you are available to work.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

<p>Have you ever been convicted of a crime</p> <p style="text-align: center;">0 yes 0 no</p>	<p>If yes, explain:</p>
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Work History

List all positions that you have held beginning with the **most recent**. If you need more room, please add to the back of the application.

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

Position _____ Company Name _____

Duties:

Start Date of Employment _____ End Date of Employment _____

Supervisor Name _____ Phone Number _____

May we contact? 0 yes 0 no Reason for Leaving _____

If you could have your dream job, what would it be?

Education

Please list all education below.

Level of Education	Name of School	Address & Phone Number of School	Degree	Graduation 0 yes 0 no
Highschool				
College				
Graduate				
Other				

References

List references who are willing to give feedback on your behalf. At least 2 work and 2 personal.

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Work Statement & Skills

Tell us why you want to be a part of Three Peas Learning Academy

List skills that you think will assist you in a role at Three Peas Learning Academy

Signature

I certify that the information above is accurate and truthful.

Signature_____

Date_____



