

INTERNATIONAL KIDS ZONE

2400 No. Haverhill Rd. West Palm Beach, Fl. 33417 Phone (561) 640-9360

JOB APPLICATION

Please Print All Information							
		•	Date: _	1		ı	
Lost Name:	First Name:	***************************************	Middle	Nau	:e:		
Address:	City:	-	Street			•	
State:	Zīp Code:	•					
Telephone Numbers:		Social Security Nu	mber: _				
Position Applied For: Have you ever held a child care licease with	de Dook of Chi	ildom & Family or he	දය දෙන්නෙ	red to	provide	child care i	n your
Have you ever held a child care tecesse with home? Yes No.: If yes, please identify	where and whe	a liceuse was held and	d what typ	e of p	cogram (he license	was for:
Salary or Hourly Rate expected.							
Have you ever been employed by us before				О	Yes	⊠ 'No	•
		IfYe	s, Date:				
Are you currently employed?	•			П	Yes	U No	÷
May we Contact your present employer?	•			П	Yes	41 No	
Are you 16 Years or Older?	•	• •		Q	Yes	□ N ₀	
Are you prevented from lawfully becoming country due to Visa or Immigration status? (Proof of chizardin or invalgration natus is required				П	Yes '	€I No	
You are Available to Work:		C Foll Time	D Pa	ut Ti	me O	Tempora	xy
Date you can Begin Work: .		•	•	•			
Have you been convicted of a crime within years?	the last seven (7)		П	Yes	eiNo	
(Other than a traffic violation.) (Conviction will disquestify on applicant from employment)	not necessarily	•			Y02	, ۱۹۰۰	
If Yea, Please Explain:			••	-	•		
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EDUCATION	·									Z 		
School Address	ess C			Cred	Credits Earned		Major			Diploma/Degree		
High School:												
College:												
Other Education:												
List below all employed or not.	presci Attacl	at and	l past e Idition	employ	ment, beginning	, with your n	nost recei	at. All time	s must be	accounted for whether		
Name and Address of Company and Type of Business	ress From		ר	To Describe in detail we and your ti			Wookly Start Salary or Hourly Rate	Wookly End Salary or Hoody Rzic	Reason for Leaving	Name, Title and Phone Number of Your Supervisor		
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*						Music, a Armer, and anapole Armer.	 					
PERSONAL	REF	ER	ENC	ES:			•	<u> </u>		•		
Name:			 	· ·	Company:			Phones				
Address:		*	*					Relatio	nship:			
City/ State/ Zip:	***			;;·· <u>·</u>	•			<u>.</u>	•	· · · · · · · · · · · · · · · · · · ·		
Name:	:	:			Conipany:		• .	Phone:	:			
Address:								. Relatio	. Relationship:			
City/State/Zip:	· ·		·· <u>·</u>	···.								
Name: .			-::-	:	Company:			Phones		In francis course		
Address								Relationship:				
City Stated Zip:	· ··.				•			•	•			
	-						**					

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature- Date: