



PO Box 934
Langhorne, PA 19047
215-757-2554

A 501(c)(3) non-profit organization
providing quality before & after
school care for Neshaminy School District

APPLICATION FOR EMPLOYMENT

Date _____

Personal Information

| | | | | | |
|-------------------|--|-------------|--|--------------------|----------|
| Last Name | | First Name | | Social Security No | |
| Present Address | | City | | State | Zip Code |
| Permanent Address | | City | | State | Zip Code |
| Phone No. | | Referred By | | | |

Employment Desired

| | | |
|-----------------------------|---|---|
| Are you employed now? | If so, may we inquire of your present employer? | Are you legally authorized to work in the US? |
| Ever applied to NKC before? | Email Address (Must have) | Days/Hours available? M T W T H F |

Education

| Name of School | Location | Did you graduate? | Major/Minor |
|----------------|----------|-------------------|-------------|
| High School | | | |
| College | | | |
| College | | | |

General Information

| |
|------------------|
| Special Subject |
| Special Training |
| Special Skills |

Previous Employment

| Dates Employed From: To: | Name/Address of employer | Salary | Position | Reason for leaving |
|-----------------------------|-----------------------------|--------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |

NON-DISCRIMINATION POLICY

It is the policy of Neshaminy Kids Club to recruit, accept applications and to enroll children and hire staff without regard to race, color, religious creed, ancestry, sex, handicap, age or national origin.



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References: List 3 people not related to you

| Name | Address/email address | Phone # | Business | Years known |
|------|-----------------------|---------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act(ADA), HIPAA or other relevant federal and state laws."

Date _____ Signature _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

Hired on _____ Rehire on _____ Terminated _____

AFTER HIRE LIST BIRTHDATE _____ Starting Salary _____

CLEARANCES:

Child Abuse Applied for on _____ Received on _____

Criminal History Applied for on _____ Received on _____

FBI Fingerprints receipt received on _____ Received final _____

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