

610-820-5333/610-820-5338 (FAX) WWW.LVCCONLINE.ORG

EMPLOYMENT APPLICATION

POSITION APP	LYING FOR:										
HOW DID YOU HEAR ABOUT US?											
NAME (PRINT) LAST				FIRST				MIDDLE			
ADDRESS (NO.	, STREET, CITY,	ST	ATE, ZIP)								
PHONE #			CELL#				EMA	EMAIL			
PREVIOUS LVCC EMPLOYEE?			IF YES,	IF YES, WHERE?			WHE	WHEN			
EMPLOYMENT HISTORY											
NAME & ADDRESS OF EMPLOYER			DAT R STAR		DATE LEFT		POSITION		E OF AY	REASONG FOR LEAVING	
1 a /											
SUMMARIZE PREVIOUS WORK EXPERIENCE, SKILLS OR TRAINING (INCLUDE EXPERIENCE IN THE MILITARY AND CERTIFICATIONS)											
EDUCATION											
TYPE OF SCHOOL	NAME OF SCHOOL							GRADE OR HOURS COMPLETED		DEGREE OR DIPLOMA	
HIGH SCHOOL											
COLLEGE OR UNIVERSITY											
OTHER (TRADE	OR BUSINESS	SC	HOOL, ON	LINE	SCHOOL, SP	E	CIALIZE MILITAR`	Y TRAIN	ING, E	ГС.)	
I AM AVAILABLE TO WORK IN:			ALLEN	ALLENTOWN AREA			BETHLEHEM AREA			EASTON AREA	
PREFERRED AREA:			INFANTS				TODDLE	ERS		PRESCHOOL	
			KINDERGARTEN			SCHOOL	IOOL AGE		ADM. OFFICE		

TRAININGS/CERTIFICATIONS RELEVANT TO PO	OSITION
DEFERENCE	2 (DO NOT LIGT DEL ATIVEO)
1. NAME:	S (DO NOT LIST RELATIVES) OCCUPATION OR POSITION:
ADDRESS:	TELEPHONE NUMBER:
2. NAME:	OCCUPATION OR POSITION:
ADDRESS:	TELEPHONE NUMBER
3. NAME:	OCCUPATION OR POSITION:
ADDRESS:	TELEPHONE NUMBER
FORMER EMPLOYERS AND INVESTIGATE STATE	CENTERS, INC. TO CHECK REFERENCES LISTED, CONTACT TEMENTS CONTAINED IN THIS APPLICATION AFTER AN OFFEREN PERMISSION IF NEEDED PRIOR. I UNDERSTAND THATS WILL RESULT IN NON-HIRE OR DISMISSAL.
	YMENT IS CONTINGENT UPON MY SUCCESSFUL COMPLETION
EMPLOYMENT PHYSICAL WITH TB SCREENII	WHICH MAY INCLUDE BACKGROUND CHECKS AND A PRE NG. I ALSO UNDERSTAND THAT EMPLOYEES WHO ARE IN EQUIRED TO HAVE A PHYSICAL EXAMINATION AND/OR TE
SCREENING PRIOR TO EMPLOYMENT AND EVE	
MY APPLICATION FOR EMPLOYMENT INC CHARACTERISTICS AND CRIMINAL BACKGRO	EN'S CENTERS, INC TO PROCURE INFORMATION TO EVALUATE LUDING CHARACTER, GENERAL REPUTATION, PERSONAL UND. THE REPORT MAY BE COMPILED WITH INFORMATION RNMENTAL LICENSING OR REGISTRATION ENTITIES OR OTHER I.
I AM AWARE THAT I HAVE THE RIGHT TO R NATURE AND SCOPE OF THE BACKGROUND VE	EQUEST A COMPLETE AND ACCURATE DISCLOSURE OF THE ERIFICATION.
DATE	SIGNATURE:
DATE:	5.5.0 (1 5 N.E.)

LEHIGH VALLEY CHILDREN'S CENTERS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDES A DRUG & SMOKE FREE WORKPLACE FOR ALL EMPLOYEES.