

Neshaminy Kids Club  
 880 Town Center Dr.  
 Suite 884B  
 Langhorne, PA 19047



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

www.neshaminykids.org

## Application for employment

Date \_\_\_\_\_

### Personal Information

Last Name	First Name	Preferred Name
Present Address	City	State & Zip
Permanent Address	City	State & Zip
Phone Number	Social Security Number	Referred by

### Employment Desired

Are you currently employed?	If so, may we inquire of your present employer?	If hired, when can you start?
Have you ever applied to NKC before?	Email Address	Availability? Circle AM: 7-9 PM- 3-6 AM: M T W TH F PM: M T W TH F

### Education

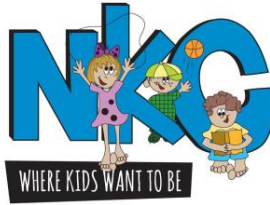
Name of school	Location	Did you graduate? Major/minor
High school		
College		
College		

### General Information

Certifications
Special skills
Special trainings
A few of my favorite things.. i.e. favorite candy bar, restaurant, fast food, etc.

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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**Previous Employment**

Dates employed From: To:	Name/ address of employer	Salary / Position	Reason for leaving

References: List three people not related to you

Name	Address/ Email	Phone Number	Relationship/ years known

**Authorization**

"I certify that the facts contained in this application are true and compete 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 about 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 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 the use of disability-related or medical information in a manner prohibited by the Americans with Disabilities act (ADA), HIPPA, or other relevant federal and state laws."

Date \_\_\_\_\_ Signature \_\_\_\_\_ Interviewed by \_\_\_\_\_

-----Do NOT WRITE BELOW THIS LINE-----

Hired on \_\_\_\_\_ Rehired on \_\_\_\_\_ Terminated \_\_\_\_\_

AFTER HIRE Birthday \_\_\_\_\_ Starting salary \_\_\_\_\_

Are you legally authorized to work in the USA? Yes/ No