



# Application for Employment

**Applicant's Name**

**Date of Application**

**Applicant's Address**



City

State ZIP

**Applicant's Phone**

**Applicant's Email**

**How did you hear about Golden Path?**

## Education

Name of High School attend(ed)	
Highest grade completed	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of University or College attend(ed)	
Major	Completed credit hours
Degree(s) earned <input type="checkbox"/> AAS <input type="checkbox"/> BA <input type="checkbox"/> MA	
Do you have a current C.D.A. Credential? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Completed Child-related Education Courses Or Attach Transcript(s)

Course title	Name of school or organization	Number of credits

## Employment Experiences (List most recent experiences first)

Employer name	Dates employed		From	to
Address				
Job title	Duties			
Contact name	Phone number	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer name	Dates employed		From	to
Address				
Job title	Duties			
Contact name	Phone number	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment Experiences (Continued)

Employer name	Dates employed		From	to
Address				
Job title	Duties			
Contact name	Phone number	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Additional Experiences Working with Young Children and/or Group Care of Children

Experience with children	Dates	Age of children

Check employment desired <input type="checkbox"/> Full time only <input type="checkbox"/> Part time only <input type="checkbox"/> Full or part time <input type="checkbox"/> Substitute position	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	On what date would you be available to work?
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to meet the physical requirements of the position that you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or are you the subject of pending charges of any crime <i>within</i> the Commonwealth of Virginia? <input type="checkbox"/> Yes (convicted in Virginia) <input type="checkbox"/> Yes (pending in Virginia) <input type="checkbox"/> No	
Have you ever been convicted of or are you the subject of pending charges of any crime <i>outside</i> the Commonwealth of Virginia? <input type="checkbox"/> Yes (convicted outside Virginia) <input type="checkbox"/> Yes (pending outside Virginia) <input type="checkbox"/> No	
Have you ever been the subject of a founded complaint of child abuse or neglect <i>within</i> the Commonwealth of Virginia? <input type="checkbox"/> Yes (in Virginia) <input type="checkbox"/> No (in Virginia)	
Have you ever been the subject of a founded complaint of child abuse or neglect <i>outside</i> the Commonwealth of Virginia? <input type="checkbox"/> Yes (outside Virginia) <input type="checkbox"/> No (outside Virginia)	
If you have answered yes to any of the above four questions, please explain below:	

## Professional References (Please list two)

Name	Company	Relationship	Phone
Name	Company	Relationship	Phone

## Signature

I hereby certify that the above statements are true and give my permission for any verification. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for refusal of employment or cause for dismissal.

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Applicant signature

Date

571. 349. 9277

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## Office Use Only

Date interviewed	Hired date	Start date
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