



HESTER'S CREATIVE SCHOOLS - MANAGEMENT

NAME: LAST _____ FIRST _____ MI _____ DATE _____
STREET ADDRESS _____ SS# _____
CITY/ STATE/ ZIP _____

ARE YOU AT LEAST 18 YRS. OLD? _____ YES _____ NO

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____ YES _____ NO

DATE RECEIVED _____

HOME PHONE NUMBER _____ DATE AVAILABLE FOR WORK _____

TYPE OF EMPLOYMENT _____ FULL-TIME _____ PART-TIME

HAVE YOU APPLIED TO HESTER'S BEFORE? _____ YES _____ NO _____
WHEN? _____

HOW DID YOU LEARN ABOUT HESTER'S? _____

DO YOU HAVE ANY FAMILY OR FRIENDS CURRENTLY EMPLOYED BY
HESTER'S CREATIVE SCHOOLS? _____ NO _____ YES

EDUCATION

NAME OF HIGH SCHOOL _____ CITY/STATE _____

NAME OF COLLEGE/UNIVERSITY _____ CITY/STATE _____

COURSE OF STUDY _____

OTHER SPECIAL TRAINING (NAME OF SCHOOL, COURSES, DATE COMPLETED)

WORK EXPERIENCE

FROM/TO _____
NAME OF COMPANY _____ PHONE _____
DUTIES _____
RATE OF PAY AT END OF POSITION _____
REASON FOR LEAVING _____
SUPERVISOR'S NAME AND PHONE NUMBER _____

WORK EXPERIENCE

FROM/TO _____
NAME OF COMPANY _____ PHONE _____
DUTIES _____
RATE OF PAY AT END OF POSITION _____
REASON FOR LEAVING _____
SUPERVISOR'S NAME AND PHONE NUMBER _____

WORK EXPERIENCE

FROM/TO _____
NAME OF COMPANY _____ PHONE _____
DUTIES _____
RATE OF PAY AT END OF POSITION _____
REASON FOR LEAVING _____
SUPERVISOR'S NAME AND PHONE NUMBER _____

I GIVE MY PERMISSION TO HESTER'S CREATIVE SCHOOLS – MANAGEMENT TO CONTACT MY FORMER EMPLOYERS FOR REFERENCES

I CERTIFY THAT I HAVE GIVEN TRUE AND ACCURATE INFORMATION ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I ALSO VERIFY THAT I AM AWARE OF THE FOLLOWING INFORMATION REQUIRED TO COMPLETE MY EMPLOYMENT FILE AND I WILL SUBMIT IT TO MY DIRECT SUPERVISOR AT THE REQUIRED TIME.

- CURRENT TB TEST
- CURRENT MEDICAL
- RESULTS OF REQUIRED DRUG TEST
- CURRENT LOCAL CRIMINAL HISTORY CHECK FINGER PRINTS
- TRANSCRIPTS AND OTHER DOCUMENTATION OF EDUCATION
- 3 REFERENCE LETTERS

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR INTEREST IN HESTER'S CREATIVE SCHOOLS