APPLICATION for NEXT LEVEL SUMMER ENRICHMENT PROGRAM

Last Name	First		Middle	Telephone Home: Office: Email:	:		
Street Address	Apt. No.	City		State	Zip Code		
PLEASE LIST PREVIOUS ADDRESS IF YOU HA	VE BEEN AT	THE ABOVE ADD	DRESS FOR LESS THA	N 7 YEARS			
Street Address	Apt. No.	City		State	Zip Code		
Have you ever been convicted, pled guilty or pled nolo contendare or no contest of any criminal activity including misdemeanors and felons? (Including but not limited to larceny; embezzlement; drawing or passing bad checks; forgery; or other similar crimes involving a breach of trust or the unlawful taking or withholding of property belonging to another). If you have, please answer 'Yes' regardless of the degree of the crime or its technical legal name. This application does not seek information regarding records that have been expunged or sealed. Yes No List other names that you have used under which you have worked or a			Are you a U.S. Citizen or an alien lawfully authorized by the Immigration and Naturalization Services to work in the United States? Yes No Is there an expiration date to your authorization to work in the U.S. Yes No				
If your answer to the preceding question w crime and in your own works explain all the separate piece of paper. Answering 'Yes' w you from consideration.	circumstan	ces on a					
Circle Position Desired Site DirectorParent Meeting Contractors Curriculum SpecialistBMT Certified Teacher Teacher Assistant			Do you have any relatives, or a domestic partner employed with MCBC? Yes No If yes, name and relation				
List PC Skills/Software:							

EDUCATION

	# Years Completed	Name of School	Address	Did you Graduate Yes No		Degree/Major	
High School/GED	- Jopieceu						
College							
Graduate School							
Other(includes military training)							

EMPLOYMENT APPLICATION PAGE 2

Employment History

	1							
Date	Name, Address and Phone Number of Current and Previous Employers (Including Military Experience					g Position	Salary	Reason for Leaving
From MO/YR	To MO/YR							
		Address	City	State	zip			
		Direct Supervisor's	s Name					
From MO/YR	To MO/YR	Name		Phone				
		Address	City	State	zip			
		Direct Supervisor's	s Name					
From MO/YR	To MO/YR	Name		Phone				
		Address	City	State	zip			
		Direct Supervisor's	s Name					
			WE CONTACT YOUR Full Name, Address, P			No		
_								
consider investiga employn staff and employn	are that any ation and, ted as allo nent by em other auth	if I am hired, may be wed by law. I conser iployers, schools, law horized employees c	tions, misstatements, e grounds for terminat nt to the release of info w enforcement, agenc of MCBC for employme the best of my knowled	tion at a later da ormation about ies and other in ent purposes. Th dge and belief a	ate. I understand to my ability, employ dividuals and orga his consent shall co	that any informa yment history, ar anizations to inve ontinue to be eff	tion I givend fitness estigators, ective du	e may be for personnel ring my

APPLICANT SIGNATURE

INTERVIEWER

DATE