Tel 303-840-8461, Fax 303-840-9785 Date Last Name First Middle I. Contact phone numbers: _ Home Address Home City/State/Zip Cell Social Security # E-mail address Birthday Instructional Focus: ☐ Preschool ☐ Jr. Kindergarten ☐ Other ☐ Yes □ No ☐ Unsure **NCLB Highly Qualified Education Background** (begin with most recent) Degree Date High School, College, University State Received Received Major States of Residence for past seven years (begin with most recent)

Parker Core Knowledge Preschool does not unlawfully discriminate on the basis of age, race, color, national origin, sex or disability in admission or access to, or treatment or employment in, its educational programs or activities.

Dates of Residency

City/County/State

d 1.Are you able to perform the job-related functions of the position?	Yes □	No□
2.Have you ever been convicted of a felony or misdemeanor?	Yes □	No□
If yes, please explain:		
3. Has any court received a plea of guilty or a plea of nolo contendere from you fo further proceedings without entering a finding of guilty, and placed you on proba	ation? Yes	deferred
If yes, please explain:		
4. Have you ever been convicted of, pled nolo contendere to, or received a deferred involving unlawful sexual behavior or unlawful behavior involving a child?	ed sentence for a	a crime No <u></u>
If yes, please explain:		
5. Have you ever been dismissed, or have you resigned from a position as a resul behavior involving a child, including unlawful sexual behavior?	t of an allegation Yes	n of unlawful No
If yes, please explain:		_ _
6. Have you ever been involuntarily terminated from any employment?	Yes □	No□
If yes, please explain:		
Position: Organization/School:		
Address:		
Phone Number:		
Supervisor: Phone:		
Reason left employment:		
Employment Dates: Month/Year to Month/Year	()	
Specific responsibilities (teachers include specific grades/subjects taugh	1t):	
2.		
Position:		
Organization/School:		
Address:		
Phone Number:		
Supervisor: Phone:		

Organization/School:

Address:

Phone Number:

Supervisor:

Reason left employment:

Employment Dates: Month/Year to Month/Year

Specific responsibilities (teachers include specific grades/subjects taught):

Position:			
Organization/School:			
Address:			
Phone Number:			
Supervisor:		Phone:	
Reason left employmen	t:		
Employment Dates: Mo		nth/Year	
specific responsibilities	(teachers include specific g	grades/subjects taught):	
Position:			
Organization/School:			
Address:			
Phone Number:			
Supervisor:		Phone:	
Reason left employmen	t:		
Employment Dates: Mo	onth/Year to Mor	nth/Year	
specific responsibilities	(teachers include specific g	grades/subjects taught):	
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ferences: t four persons who have k	nown you or supervised you i	n a work setting (not includ	ding relatives)
Toda pordone who have is		Ta work ooking (not molde	
Name	Position/Title	Organization	Phone number (s)
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