



Ph: 715.723.7444
Fax: 715.723.1187
www.monkeycompanies.com

Date _____
FOR OFFICE USE ONLY
Start Date: _____
Starting Pay: _____
Position: _____

1300 Lowater Rd.
Chippewa Falls, WI 54729

2320 Wilson St.
Menomonie, WI 54751

NAME: _____ S.S.#: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____
HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

COLLEGE/TECHNICAL SCHOOLS ATTENDED (state major)	GRADUATION DATE (or years completed)
_____	_____
_____	_____

LIST OTHER COURSES RELEVANT TO EARLY CHILDHOOD:

1. _____
2. _____
3. _____
4. _____

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH YOUNGER CHILDREN? WHAT AGES DID YOU WORK WITH?

WHAT SKILLS AND ABILITIES DO YOU HAVE THAT ARE HELPFUL IN DEALING WITH CHILDREN AND EXPLAIN HOW THEY MAY DIRECTLY AFFECT THE CHILDREN YOU WOULD BE WORKING WITH?

TELL US WHY WE SHOULD CHOOSE YOU TO WORK IN THE FACILITY HERE, THAT SETS YOU APART FROM OTHERS?

ARE YOU LOOKING FOR A TEMPORARY OR PERMANENT JOB? _____

PLEASE TELL US WHAT HOURS OF THE DAY YOU ARE AVAILABLE TO WORK. _____

HOW MANY HOURS A WEEK WOULD YOU LIKE TO WORK? _____

HOW DO YOU HANDLE TENSION? _____

AT YOUR LAST JOB, WHAT DID YOU SPEND MOST OF YOUR TIME ON?

HAVE YOU EVER BEEN FIRED? IF SO, WHY? _____

WHY DID YOU LEAVE YOUR LAST JOB? _____

WHAT IS YOUR ENERGY LEVEL LIKE? _____

WHAT DO YOU THINK YOUR REFERENCES WILL SAY ABOUT YOU? _____

WHAT DO YOU FEEL IS A SATISFACTORY ATTENDANCE RECORD?

WHERE DO YOU EXPECT TO BE IN 5 YEARS? _____

PREVIOUS WORK EXPERIENCE

COMPANY NAME: _____ SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

YOUR POSITION: _____

YOUR DUTIES: _____

WAGES-STARTING _____ ENDING _____

REASONS FOR LEAVING _____

DATES EMPLOYED: FROM _____ TO _____

COMPANY NAME: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
YOUR POSITION: _____
YOUR DUTIES: _____
WAGES-STARTING _____ ENDING _____
REASONS FOR LEAVING _____
DATES EMPLOYED: FROM _____ TO _____

COMPANY NAME: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
YOUR POSITION: _____
YOUR DUTIES: _____
WAGES-STARTING _____ ENDING _____
REASONS FOR LEAVING _____
DATES EMPLOYED: FROM _____ TO _____

REFERENCES: DO NOT LIST FAMILY MEMBERS

1. NAME: _____ OCCUPATION: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP _____ BEST TIME TO CALL: _____

2. NAME: _____ OCCUPATION: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP _____ BEST TIME TO CALL: _____

3. NAME: _____ OCCUPATION: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP _____ BEST TIME TO CALL: _____