

# PROVIDER RESOURCES, INC

An  
Equal Opportunity  
Employer

## APPLICATION FOR EMPLOYMENT

(Please print or type)

Date of Application \_\_\_\_\_

Title of Position for which you are applying \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Would you work \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? Telephone# \_\_\_\_\_  
(Include area code)

Specify number of hours if part-time: \_\_\_\_\_

Were you previously employed by this agency? \_\_\_\_\_

If your application is considered favorably, on what date could you start? \_\_\_\_\_

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel # \_\_\_\_\_  
(Include area code)

Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

What are your experiences, skills, interests, hobbies? \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If not, do you intend to become a citizen? \_\_\_\_\_

Are you in good health? \_\_\_\_\_

### RECORD OF EDUCATION

Name & Address	Yrs. Attended	Graduated	Major
High School _____			
College _____			
Post Graduate _____			
Other _____			
Other Training's _____			
Affiliations Achievements _____			



**IF APPLYING FOR POSITION AS TERRITORY REPRESENTATIVE FOR PROVIDERS  
FOOD PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you a licensed Child Care Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a copy of your license if not currently on file with Providers Food Program

2. If yes, please state number of years providing child care \_\_\_\_\_

3. Are you now, or have you ever been involved with a food program \_\_\_\_\_ Yes \_\_\_\_\_ No

4. If currently providing child care, what are your plans for leaving your home to do home visits?

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5. Do you have an Approved Assistant? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Have you any experience with nutrition or related fields? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

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7. The Territory Representative position is Part-Time and the work can fluctuate. Are you in need of steady income from this part-time position?

8. Do you have a reliable car? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Why do you want to work for Providers Food Program?

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May we contact the employers listed? \_\_\_\_\_

If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_

To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications.

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Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with us will be based on your merit and no other consideration.

**PLEASE READ CAREFULLY**

I hereby verify that the facts set forth in the above employment application are true and complete.

\_\_\_\_\_  
(Signature of Applicant)

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**(DO NOT WRITE BELOW THIS LINE)**

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INTERVIEW \_\_\_\_\_ Yes \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

Interview by: \_\_\_\_\_

Results of Interview \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable for Employment: \_\_\_\_\_

Starting Rate: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Position: \_\_\_\_\_