



2403 Avenue X, Brooklyn, NY 11235

(646) 580-8443

WizKidsCenter.com

info@wizkidscenter.com

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE & EMAIL THIS FORM TO INFO@WIZKIDSCENTER.COM

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Cell/Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

How did you learn about our school? _____

POSITION SOUGHT

Current Salary (required): _____

Type of Employment Desired: [] Full time [] Part time [] Substitute
(mark off all applicable) [] DOE Related Services Provider (specify): _____

Area of Interest: [] Infants/toddlers (6 weeks - 24 months)
(mark off all applicable) [] Pre School (2 - 3 years old)
[] Pre School (3 - 4 years old)
[] Pre School (4 - 5 years old)

PERSONAL VIEWPOINT

Describe your philosophy on education.

Describe any special qualifications you have.

Describe your discipline beliefs.

Are you familiar with progressive educational philosophy? In what capacity?

Explain below why you wish to become a member of the Wiz Kids Learning Center team.

Is there anything else you'd like to share with us?



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EDUCATION & TRAINING *(Skip this section if included in RESUME)*

High School: _____ Date Graduated: _____

College/University: _____ Date Graduated: _____

Degree: _____

Majors: _____

Minors: _____

Graduate School: _____ Date Graduated: _____

Degree: _____ Area of Study: _____

Other relevant coursework, certifications, qualifications, training or skills:

PREVIOUS EXPERIENCE *(List most recent first)*

1) Company/Employer's Name: _____

Position: _____ Dates of Employment: _____ - _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____ Wage: _____

2) Company/Employer's Name: _____

Position: _____ Dates of Employment: _____ - _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____ Wage: _____

3) Company/Employer's Name: _____

Position: _____ Dates of Employment: _____ - _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____ Wage: _____



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REFERENCES

1) Name: _____ Phone: _____

Relationship: _____ Time Known: _____

Email: _____

2) Name: _____ Phone: _____

Relationship: _____ Time Known: _____

Email: _____

3) Name: _____ Phone: _____

Relationship: _____ Time Known: _____

Email: _____

4) Name: _____ Phone: _____

Relationship: _____ Time Known: _____

Email: _____