Pleasant Run Learning Center and Preschool Employment Application

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, national origin, sex, sexual orientation, marital status, or disability.

| | origing sexy sexual orientation, marital status, or disability. |
|--|---|
| Position Applying For: | |
| ()Part-time ()Full-time | Presently employed? () Yes () No |
| If you are offered a job when could you start? | d. |
| GENERAL INFORMATIO | N |
| Name | Date: |
| Address_ | Telephone () |
| | |
| EDUCATION/TRAINING | /SPECIAL SKILLS |
| Name of Schools | City/State Circle last year Graduated Degree Completed Yes/No |
| High School | 1234 |
| | 1234 |
| College/University | 1234 |
| | 1234 |
| In addition to your work experier benefit our child development cer | nce, what other experiences, skills, or qualifications would nter? |
| | |
| Do you have any responsibilities of | or commitments that would restrict your working schedule? |
| What factors would prevent or int you are applying? | terfere with your ability to perform the kind of work for which |
| Within the last 7 years, have you others, or released from incarcera | been convicted of a crime involving dishonesty, violence to ation? () Yes () No A "Yes" answer is not an automatic ban to employment. All circumstances will be considered. |

| EMPLOYMENT HISTORY | Please give accurate | and complete full-time and | part-time record. |
|--|-------------------------|-----------------------------|-------------------|
| Present or Most Recent Employer | | Telephone | |
| Address (street, city, state, zip) | | Employment Date | S |
| Name and Title of Supervisor | | Starting Salary | Ending Salary |
| Starting Position | Last Position | Reason for Leaving | g |
| Description of Duties | | | |
| Previous Employer | | Telephone | |
| Address (street, city, state, zip) | | Employment Dates | 5 |
| lame and Title of Supervisor | | Starting Salary | Ending Salary |
| Starting Position | Last Position | Reason for Leaving |] |
| Description of Duties | | | |
| ddress (street, city, state, zip) | | Telephone Employment Dates | |
| ame and Title of Supervisor | | Starting Salary | Ending Salary |
| tarting Position | Last Position | Reason for Leaving | |
| escription of Duties | | | |
| | | | |
| We may contact the employe to contact. | ers listed above unless | s you specify those you | ı do not want |
| Do Not Contact Employer: (N | ame) | | |
| Reason: | | · | |
| | | | |
| | | | |

| References | | | | |
|--|--|--|--|--|
| Please exclude relatives or former employers | | | | |
| Reference Name | | | | |
| Address (street, city, state, zip) | | | | |
| Phone Number(s) | | | | |
| Relationship | | | | |
| Reference Name | | | | |
| Address (street, city, state, zip) | | | | |
| Phone Number(s) | | | | |
| Relationship | | | | |
| Reference Name_ | | | | |
| Address (street, city, state, zip) Phone Number(s) | | | | |
| Relationship | | | | |
| I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that the false statements or intentional omissions on this application will result in rejection and/or termination of employment. | | | | |
| I authorize you to obtain an investigative consumer report. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period for a complete and accurate disclosure of information concerning the nature and scope of the investigation. | | | | |
| I authorize all schools which I attended and all previous employers to furnish you my record, reason for leaving, and all information they may have concerning me. I agree to hold harmless, and to waive any claims I may have against you and any and all of my former employers, whether or not identified in this application for any damages. loss or injury I may sustain as a result of any disclosure made in accordance with this release. | | | | |
| In consideration of my employment, I agree to conform to the rules and regulations of the child development center, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the child development center or myself. I understand that no manager other than the Director or Assistant Director(in writing) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. | | | | |
| A copy of this affidavit and Authorization is as valid as the original. | | | | |
| Signature Date | | | | |