

OUR SAVIOR EARLY LEARNING CENTER

APPLICATION FOR EMPLOYMENT

Please Print

Name _____
Last First Middle

Address: _____
Street City Zip Code

Position(s) Applied For _____ SSN #; _____

Land Line Phone # (____) _____ Cell phone #(____) _____

E-mail address: _____ Date Applying ____/____/____

Referral Source: Advertisement Friend Relative Walk-in Agency Other

If you are under 18, can you furnish a work permit? Yes No

On what date would you be available to start work? _____

Can you meet attendance requirements? Yes No

Can you work on weekends? Yes No

Can you provide proof after you are hired that you can legally work in the United States? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever been previously employed by our center? Yes No

If yes when _____

Can you pass a drug test, if given? Yes No

Have you been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state law may prohibit you from working in this industry. Yes No

Can you work overtime, hours outside the normally defined workday or workweek? Yes No

Other than English, what languages do you speak? _____

Provide three references, not related to you, and not previous employers:

Name	Address	Telephone Number
		()
		()
		()

EMPLOYMENT EXPERIENCE:

Are you employed now? Yes No If yes, may we contact your present employer? Yes No
 (If no, the job offer will be contingent upon receiving a satisfactory reference check)

Have you ever been discharged or forced to resign from any employment situation? Yes No

If yes, please explain: _____

List your work experience, in its entirety, beginning with your present or last job, in reverse order. Show promotions as separate Jobs. Be sure to include appropriate military experience. Put an * if the job gives you specific experience in the position for which you are applying. If you need more space, please use a separate sheet of paper.

1. Employer _____ Employed: from _____ to _____
Address: _____ Telephone: (____) _____
 Full-time Part-Time Temp Ave. # hrs. worked per week: _____
Your Position/Title: _____ Supervisor's Name: _____
Hourly/Monthly Rate: \$ _____ Reason for Leaving _____
Describe Work Performed: _____

2. Employer _____ Employed: from _____ to _____
Address: _____ Telephone: (____) _____
 Full-time Part-Time Temp Ave. # hrs. worked per week: _____
Your Position/Title: _____ Supervisor's Name: _____
Hourly/Monthly Rate: \$ _____ Reason for Leaving _____
Describe Work Performed: _____

3. Employer _____ Employed: from _____ to _____
Address: _____ Telephone: (____) _____
 Full-time Part-Time Temp Ave. # hrs. worked per week: _____
Your Position/Title: _____ Supervisor's Name: _____
Hourly/Monthly Rate: \$ _____ Reason for Leaving _____
Describe Work Performed: _____

4. Employer _____ Employed: from _____ to _____
Address: _____ Telephone: (____) _____
 Full-time Part-Time Temp Ave. # hrs. worked per week: _____
Your Position/Title: _____ Supervisor's Name: _____
Hourly/Monthly Rate: \$ _____ Reason for Leaving _____
Describe Work Performed: _____

SPECIAL SKILLS AND QUALIFICATIONS Please describe any special skills or qualifications you have acquired from employment or other experience, which may help to qualify you for the position for which you are applying. Include where and how acquired. _____

EDUCATION: Have you ever graduated from high school? Yes No If no, circle the highest grade completed: 3 4 5 6 7 8 9 10 11

College or Training/Vocational School that you attended after high school graduation:

Name	Address	Major	Units	Degree

ECE units completed: Indicate number of units and courses taken: _____

DRIVING RECORD: Driver's License No. _____ State: _____ Expiration Date: _____
(A DMV report will periodically be obtained during your employment, if driving is required.)

I give _____ the right to investigate all references and to secure additional information about me, if job-related. Furthermore, I give the Employer the right to verify any educational reference given in this application. I hereby release, from liability, the Employer and its representatives for seeking such information and other corporations, educational institutions, or organizations for furnishing such information. _____ **Initial here**

It is understood and agreed that any misrepresentation to me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. _____ **Initial here**

In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company. _____ **Initial here**

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice.
_____ **Initial here**

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment. _____ **Initial here**

_____ reserves the right to test any and all job applicants for the use of drugs and/or alcohol during the interview process- Employment will be conditioned upon passing a standard drug-screening test administered and evaluated by independent medical professionals. All results will be kept confidential. Applicants who test positive for drugs and/or alcohol will be rejected for employment, but will be allowed to re-apply two months after taking the test.
_____ **Initial here**

Signature of Applicant _____ **Date:** _____