



Employee Application

Application For Employment

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all federal, state, and local laws prohibiting employment discrimination solely on the basis of a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner status, gender (including sex stereotyping), medical condition (including, but not limited to, cancer related or HIV/AIDS related), sexual orientation, or any other protected status except where a reasonable bona fide occupational qualification exists.

PLEASE PRINT LEGIBLY WITH BLACK OR BLUE INK.

Applicant Name: _____

Date of Application: _____

NAME: First	MI	Last	Social Security Number
Street Address			Home or Cell # Cell Provider
City	State	Zip Code	Emergency Contact & Number
Are you under 18 years of age? ____ Yes ____ No			E-mail Address
Driver's License #:			Date of Birth: / /

EMPLOYMENT INTEREST

With which age group(s) or in which area are you most comfortable working? (check at least one.) Little Life's Learning Center does not guarantee placement in any specific classroom, but the preferences of the employee are taken into consideration when possible.

Infants One Year Two Year Three Year Four Your School Age Kitchen Office

Desired Wages: _____ I am interested in working: _____ Full Time _____ Part Time

Number of Hours/Week: _____ Date Available to Start: _____

HOURS OF AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:	PM:
Are you able to work holidays? ____ Yes ____ No					

How did you hear about us?

___Drove By ___From a Friend ___Web Site ___Social Media ___Other

EDUCATION AND TRAINING

High School (Name, City, State):	Graduate? YES or NO	Diploma or GED?
College (Name, City, State):	Graduate? YES or NO	Degree:
Post Graduate (Name, City, State)	Graduate? YES or NO	Degree:
Business/Trade (Name, City, State)	Graduate? YES or NO	Degree/Certification:

EMPLOYMENT HISTORY

Starting with PRESENT or MOST RECENT, list all previous employers, including self-employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet.

1. EMPLOYER	Employment Dates:	Briefly describe position and duties	Starting Salary:	Reason for Leaving	Supervisor Name & Title
Name of Company					
Address:			Ending Salary:		
City, State, ZIP					
Phone Number:		Type of Business:		May We Contact? ___YES ___NO	
2. EMPLOYER	Employment Dates:	Briefly describe position and duties	Starting Salary:	Reason for Leaving	Supervisor Name & Title
Name of Company					
Address:			Ending Salary:		
City, State, ZIP					
Phone Number:		Type of Business:		May We Contact? ___YES ___NO	

3. EMPLOYER	Employment Dates:	Briefly describe position and duties	Starting Salary:	Reason for Leaving	Supervisor Name & Title
Name of Company					
Address:			Ending Salary:		
City, State, ZIP					
Phone Number:		Type of Business:	May We Contact? ___YES ___NO		
4. EMPLOYER	Employment Dates:	Briefly describe position and duties	Starting Salary:	Reason for Leaving	Supervisor Name & Title
Name of Company					
Address:			Ending Salary:		
City, State, ZIP					
Phone Number:		Type of Business:	May We Contact? ___YES ___NO		
5. EMPLOYER	Employment Dates:	Briefly describe position and duties	Starting Salary:	Reason for Leaving	Supervisor Name & Title
Name of Company					
Address:			Ending Salary:		
City, State, ZIP					
Phone Number:		Type of Business:	May We Contact? ___YES ___NO		

REFERENCES

(Non Family)

1. Name:	Company:	Phone Number:
2. Name:	Company:	Phone Number:
3. Name:	Company:	Phone Number:
4. Name:	Company:	Phone Number:
5. Name:	Company:	Phone Number:

Please list any special training, skills, hobbies, or interests you feel help qualify you for this position.

Have you ever been convicted of, pled guilty to, or pled no contest to a crime, excluding traffic violations? ___YES ___NO If yes, please explain.

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

- I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that, if employed, false statements on this application will be considered cause for dismissal.
- I understand that any position which involves driving a motor vehicle in the course and scope of the employment duties requires that I maintain a valid driver's license in this state and be an approved driver on the Little Life's Learning Center auto insurance plan.
- I consent and authorize Little Life's Learning Center to conduct an investigation, including, but not limited to verification of employment-related information. I understand that further information concerning the nature and scope of this investigation, if one is made, is available to me upon request. I hereby authorize all previous employers to release any information they have concerning me and release all such employers from any and all liability arising out of the release of such information to Little Life's Learning Center. I understand that the information provided in this application will be used solely for determining my eligibility for employment.
- I understand and agree that if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States.
- I understand that Little Life's Learning Center is required to submit a criminal history check prior to the start of my employment.
- I understand and agree that if employed, I will be an employee at will. As an employee at will: 1. Either Little Life's Learning Center or I may terminate the employment relationship at any time, with or without cause; and 2. There is no agreement, express or implied, between Little Life's Learning Center and me for any specific period of employment; and 3. I understand and agree that if hired, my at-will employment with Little Life's Learning Center may only be modified by separate written documents signed by me and the Director of Little Life's Learning Center.

APPLICANT SIGNATURE _____ DATE _____



littleLIFE'S
learning center

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