



LEARNING CENTER

APPLICATION FOR EMPLOYMENT

DATE:

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

CONTACT INFORMATION

Name				
Last		First	Middle	
Address				
Street		City	State	Zip Code
Telephone:		Cell:	Email:	

Referral Source (Please check the appropriate category and list the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> School |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Staffing Agency |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other |

Best time to call you: _____:_____ AM or PM

Best phone number: _____

Birth date: _____ (optional)

If you are under the age of 18? ☐ Yes ☐ No

If Yes, are you over the minimum age required to work at our center?
(16 years of age minimum) ☐ Yes ☐ No

Have you submitted an application here before? ☐ Yes ☐ No

If **yes**, please give dates and position:

Have you ever been employed here before? ☐ Yes ☐ No

If **yes**, give dates: From ____/____/____ to ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company? ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work: ____/____/____

What is your desired hourly rate of pay?

\$_____ Per Hour

Type of employment desired: ☐ Full-Time ☐ Part-Time

☐ Seasonal ☐ Temporary ☐ Educational Co-Op

If they have been explained to you, are you able to meet the attendance
requirements of the position? ☐ Yes ☐ No

Are you able to perform the "essential functions" of the job for which you
are applying (with or without reasonable accommodation)?

**This question is not designed to elicit information about an applicant's disability.
Please do not provide information about the existence of a disability or whether
accommodation is necessary. These issues may be addressed at a later stage to
the extent permitted by law.**

☐ Yes ☐ No ☐ Need more information to respond

Driver's license number required if driving may be required in the job for
which you are applying:

_____ State _____

Have you entered into an agreement with any form employer or other
party (such as a noncompetition agreement) that might, in any way,
restrict your ability to work for our company? ☐ Yes ☐ No

If **yes**, please explain: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. You may include any verified work performed on a voluntary basis.

Employer:	Dates employed ____/____/____ to ____/____/____
Telephone number:	Starting Compensation
Address:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting job title/final job title:	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title:	Final Compensation
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
If yes, their email:	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	
Employer:	Dates employed ____/____/____ to ____/____/____
Telephone number:	Starting Compensation
Address:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting job title/final job title:	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title:	Final Compensation
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
If yes, their email:	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	
Employer:	Dates employed ____/____/____ to ____/____/____
Telephone number:	Starting Compensation
Address:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting job title/final job title:	Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title:	Final Compensation
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
If yes, their email:	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

EMPLOYMENT HISTORY (CONTINUED)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

☐ Yes ☐ No

If yes, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training, courses, workshops attended, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing

Years:

☐ E-mail

Years:

☐ Internet

Years:

☐ Other

Years:

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

High School/College (include City and State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

REFERENCES

Name	Title	Relationship to You	Telephone	Email	# of Years Known

Church Activity

Church Name

Pastor's Name

Years Attended

RELATED INFORMATION

Pursuant of KSA 65-516, as amended by the 2010 legislature, have you at any time ever:

- Had a felony conviction under the uniform controlled substance act? ☐ Yes ☐ No
- Had a misdemeanor or felony conviction of a crime against persons, a sexual offense, or crimes affecting family relationships & children? ☐ Yes ☐ No
- Been adjudicated (found or determined in a court of law to be) a juvenile offender or miscreant? ☐ Yes ☐ No
- Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by SRS? ☐ Yes ☐ No
- Had a child declared in a court order to be deprived or in need of care based on allegations of physical, mental, or emotional abuse or neglect or sexual abuse? ☐ Yes ☐ No
- Had parental rights terminated? ☐ Yes ☐ No
- Signed a diversion agreement involving child abuse or sexual abuse? ☐ Yes ☐ No
- Been found to be a disabled person in need of a guardian or conservator or both? ☐ Yes ☐ No

If the answer to any of these questions is "yes," please explain in detail:

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for a specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I voluntarily release the organization from any liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

INTERVIEW PROCESS

To assist in the interviewing process, please fill out the below questions and return with your application.

1. How are you at voicing your concerns about unexpected issues that may arise? Are you comfortable bringing up issues with the parents?
2. What would be an example of appropriate communication with a parent picking up their child?
3. What do you think the difference is between a babysitter and an afternoon teacher?
4. What is your basic philosophy on discipline?
5. What would you do if a child hit or hurt another child? What would you do if a child hit or hurt you?
6. How would you handle a temper tantrum in the classroom? On the playground?