



Application for Employment

Date of Application _____

To be considered for employment, you must fully complete and sign this application. Applications remain active for 60 days and are considered for specific positions.

The Learning Connection, LLC is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, gender, age, or national origin.

(Please Print)

Name (Last, First, Middle) _____

Current Address _____

E-mail Address _____

Telephone Number _____ Social Security Number _____ - _____ - _____

Person to Contact in an Emergency: _____ Phone _____

Address _____

Are you legally authorized to work in the United States? Yes No

Are you 18 years old or older? Yes No

If not, please give your date of birth _____

Have you previously been employed by The Learning Connection? Yes No

If previously employed by The Learning Connection, when? _____

Salary or Hourly Rate requesting _____ Date available _____

Position applying for: _____ Full-time Part-time

Days and times available:

Monday Tuesday Wednesday Thursday Friday

Received on _____	For Office Use Only	Start Date _____
Interviewed on _____ by _____		Position _____
Observed on _____ by _____		Salary _____
References Completed on _____		Hours _____

Have you ever been convicted of a felony, barrier crime or the subject of a founded Child Protective Service complaint (barrier crimes can be found on the back page of this application)? Yes No
 If yes, please explain, including date(s), type of crime(s) and court(s) in which you were convicted.

Are there any criminal charges pending against you? Yes No

If yes, please explain, including the type of crime(s) and court(s) in which the charges are pending.

Not all convictions or charges will bar employment. State Law requires us to consider the nature of the offense, the number of convictions, and the length of time which has passed since certain convictions. If you are denied employment based on criminal background history, you will be provided with a copy of the information which was used in denying such employment.

Have you been warned, disciplined, or terminated by an employer in the past 5 years? Yes No If yes, please explain:

Do you have any medical condition(s) which may interfere with fulfilling the responsibilities of the position for which you are applying? Yes No If yes, please explain: _____

EDUCATION

	Name of school	Course of study	Years Completed	Diploma / Degree
High School				
Vocational School				
College/University				
Other (Seminars, college courses)				

Extracurricular Activities / Professional Organizations _____

Please list applicable current licenses, registrations, or certifications			
Type	Number	State	Expiration Date

EMPLOYMENT HISTORY

Beginning with your most recent employment, including military service and periods of unemployment, please complete the following for the previous ten (10) years.

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

EMPLOYMENT HISTORY - continued

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

Employer	Telephone	Address	
Starting Employment Date	Ending Employment Date	Starting Wage	Ending Wage
Job Title	Duties / Responsibilities		
Supervisor's Name / Phone Number			
Reason for Leaving			

If you need additional space, please continue on separate sheet of paper.

DISCLOSURE: Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.

Signature

Date

Please summarize any special skills, qualifications, or abilities that you have acquired from previous employment or experiences that may help you in the position for which you are applying: _____

PERSONAL REFERENCES

Please provide three (3) references who are not former employers or relatives

Name	Telephone Number
Address	

Name	Telephone Number
Address	

Name	Telephone Number
Address	

Conditions of Employment

As a condition of employment, I authorize The Learning Connection Child Development CenterSM to perform a criminal background check, sex offender and crimes against minors registry search, and a search of the Virginia Department of Social Services/Child Protective Services central registry.

I understand that I will be required to complete the Department of Immigration and Naturalization Services Form I-9 and show proof of identity and employment eligibility.

I understand that an offer of employment is not for any specific duration of time. I understand that ,if hired, I will be an at-will employee and that employment may be terminated at any time, with or without cause, by The Learning Connection Child Development Center.SM I also understand that this means I am free to terminate my employment at any time, with or without reason. I understand that no representative of the company, other than the President, has the authority to change the terms of at-will employment and that any such change can occur only in a written contract.

I further understand that in the event of employment, I am required to adhere to all rules and regulations set forth by The Learning Connection Child Development Center.SM

I authorize The Learning Connection Child Development CenterSM to share background information with other employees involved in the hiring process, including information from the criminal background check, former employers, and references.

In the event of employment, any misleading or false information found to be given in an application or interview may result in your discharge.

I certify that to the best of my knowledge the answers given here are true and complete.

Signature _____

Date _____

Authorization to Release Information

I authorize The Learning Connection Child Development CenterSM to obtain information about me from my previous employers, listed references, and from schools that I have attended.

I authorize these employers, references, and schools to disclose such information about me as The Learning Connection Child Development Center may request.

I authorize my previous employers to candidly disclose to The Learning Connection Child Development Center all facts and opinions concerning my work performance, productivity, behavior, attitude, cooperativeness and ability to get along well with others, including co-workers, supervisors and customers/clients/vendors. I release each former employer and their agents from liability for providing this information to The Learning Connection Child Development Center.SM

Signature _____ Date _____

Printed Name _____

Address _____
