



Employment Application

Today's Date: ____/____/____

Name: _____
Last First Middle

Address: _____
Street City State/Zip

SSN: _____ Driver's License Number: _____ Exp. Date: ____/____/____

Home Number: () - _____ Cell/Alternate Number: () - _____

Position Applying for: _____ F/T or P/T Hours available: _____

Desired Salary Range: From _____ to _____ Start Date: ____/____/____

DATES YOU ATTENDED SCHOOL:

Name of High school attended: _____ Address: _____

Dates Attended High School From: _____ To: _____ Graduated: _____

Name of most recent college attended: _____ Address: _____

Major: _____. Early Care & Education courses (ECE)? _____.

Number of credits: _____ (provide transcript with application). Date Graduated: ____/____/____.

Other Specialized ECE training hours earned in the past 12 months: _____ Certificates: _____
(provide copies of certificates with application)

Are you planning to further your education? _____. If yes, explain: _____

Are you First Aid and CPR Certified: CPR: __ Expiration: ____/____/____ 1st Aid __ Expiration ____/____/____

Have you been charged with and/or convicted of a crime in the past seven years? _____. If yes, please a detail explanation (use additional page if necessary): _____

References

Below give the names of three people not related to you, whom you have known at least one year.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Former Employers

List below last three employers, starting with last one first

Employer: _____ Phone: _____

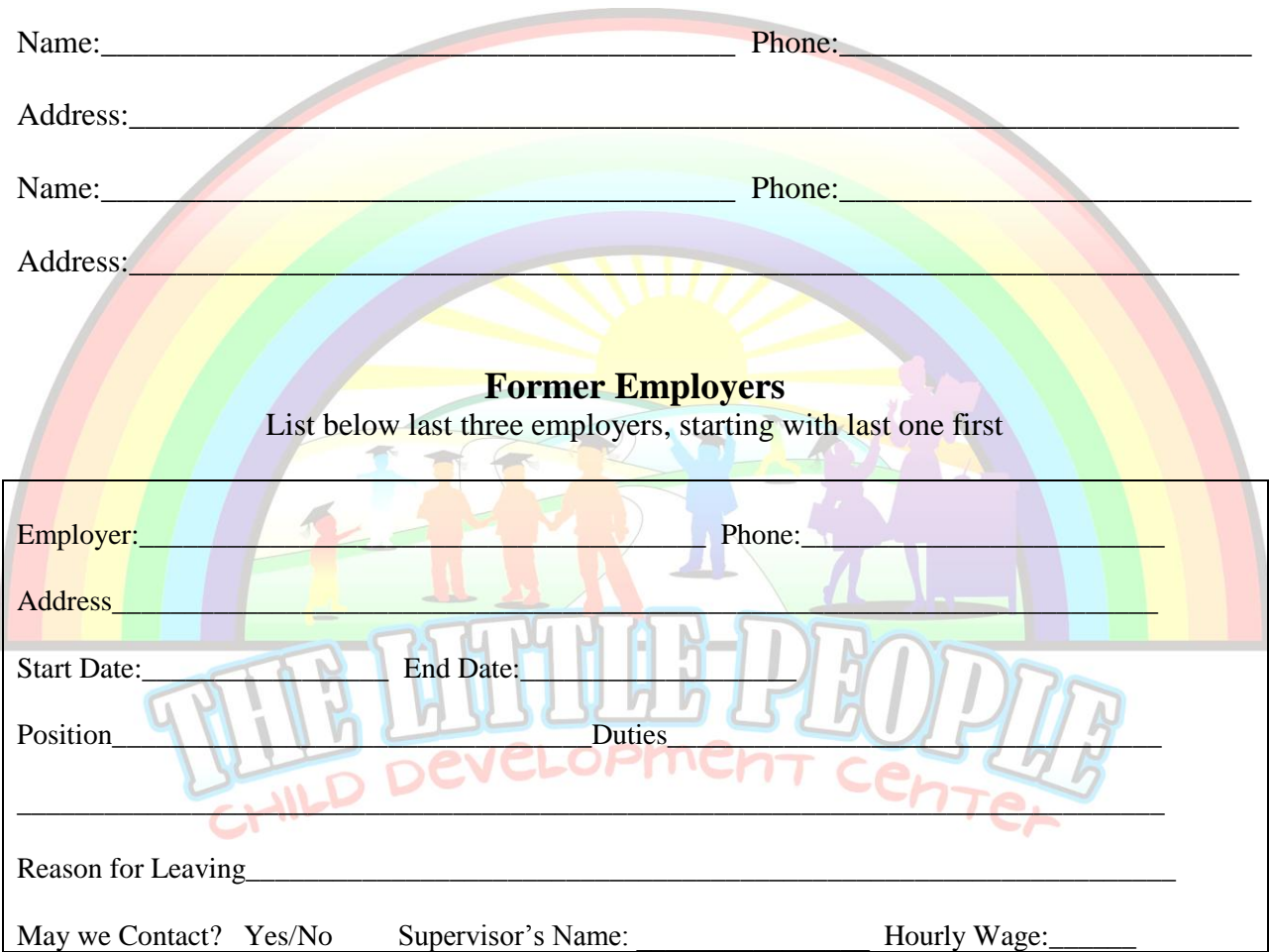
Address _____

Start Date: _____ End Date: _____

Position _____ Duties _____

Reason for Leaving _____

May we Contact? Yes/No Supervisor's Name: _____ Hourly Wage: _____



Employer: _____ Phone: _____

Address _____

Start Date: _____ End Date: _____

Position _____ Duties _____

Reason for Leaving _____

May we Contact? Yes/No Supervisor's Name: _____ Hourly Wage: _____

Employer: _____ Phone: _____

Address _____

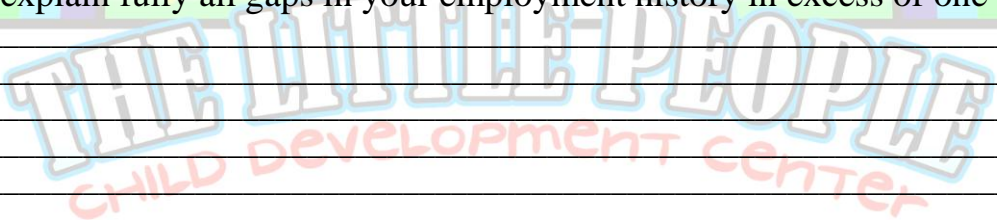
Start Date: _____ End Date: _____

Position _____ Duties _____

Reason for Leaving _____

May we Contact? Yes/No Supervisor's Name: _____ Hourly Wage: _____

Please explain fully all gaps in your employment history in excess of one month.



Special Technical Skills:

Subjects of
Special Training/Skills: _____

TLPCDC is an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASONS, WITH OR WITHOUT CAUSE OR NOTICE.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Applicant’s Signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature’s by the applicant’s parent or legal guardian constitutes acknowledge by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant’s legal guardian.

Parent/Legal Guardian

Witness

Date

Date