



LEARNING EDGE CHILDCARE & PRESCHOOL

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all persons. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Learning Edge.

It is the intent of Learning Edge to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of equal opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, military service, national origin, citizenship status, disability, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or any other areas covered under State or Federal law. Do not include information of this nature in the application. It is the intention of Learning Edge that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Home Phone:		Are you legally authorized to work in the United States? YES () NO ()		Social Security Number:
Position applying for:			Salary Desired:	
Are you looking for Full-Time () or Part-Time ()?		Date you are available for work:		
Are you at least 18 years old? Yes ___ No ___		Are you a member of the Registry? YES () NO ()		
Have you ever been convicted of a felony? YES () NO () <i>Information used only if relevant to position(s) you are applying for.</i> If yes, please explain:				

Education	School Name	Major	Graduated	Years Completed
High School			YES () NO ()	
College			YES () NO ()	
Vocational			YES () NO ()	
Certification/ Training	ECI () ECII () Infant/Toddler () CPR () SIDS () Shaken Baby Syndrome () Child Abuse & Neglect ()			

EMPLOYMENT HISTORY (Please list most recent first)					
Company Name:		Phone Number: ()	City:	State:	From: To:
Job Title:		Immediate Supervisor:		Pay Rate:	
Reason for Leaving:					
Your Position and Duties: _____					

CONTINUED ON BACK

EMPLOYMENT HISTORY CONTINUED				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE:

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal. I agree that Learning Edge will not be held liable in any respect if my employment is terminated for that reason. I authorize Learning Edge to verify the information I have supplied and to investigate my personal history. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned upon the results of a physical examination.

DRUG SCREENING:

I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of the testing. This includes, but is not limited to, possible clerical or laboratory error. I understand that Learning Edge may require a drug screen or alcohol test whenever an on-the-job accident or injury is reported in accordance with Learning Edge’s policy and this authorization and consent. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them prior to signing below. I understand this is a legal and binding document.

REFERENCE RELEASE FORM:

I authorize Learning Edge to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

Signature

____/____/____
Date