

Application of Employment

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, or handicap in the hiring, promotion, or discipline of employees. If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make any accommodation. We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, terms, conditions, and privileges of employment.

Today's Date: _____

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell: _____

Do you currently have a valid driver's license? Yes No

Are you 18 years of age or older? Yes No

Center applying at: _____ Available to start: _____

Position applying for: _____ Expected Salary: _____

Days & Hours Available: _____

Can you perform the duties of the position you are applying for with/without accommodations? No Yes

Have you ever been convicted of a crime? No Yes _____

Are there any felony charges pending against you? No Yes _____

Have you ever been administratively determined by federal, state, or local governmental agency to have committed child abuse or neglect? No Yes _____

Are you on a court supervised probation or parole? No Yes

Have you even been employed by an Adventures Learning Center before No Yes

Location: _____ Dates of Employment: _____

In case of an emergency, whom should we contact?

Name: _____ Phone Number: _____

Address: _____

Education

High School Attended: _____ City: _____ State: _____

Graduated? No Yes GED

Additional Education:

School & Address: _____

G.P.A.: _____ Degree: _____ Major: _____

Will you be continuing your education by enrolling in courses or other training programs that may be recommended? No Yes

Please list any courses, volunteer work, hobbies, or interests that would relate to the position that you are applying: _____

Personal References

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences

Employer: _____ Date: from: _____ to _____
Telephone Number: _____ Address: _____
Job Title: _____ Ending Salary: _____ Supervisor: _____
Reason for leaving: _____
Changes you would make: _____

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Job Title: _____ Ending Salary: _____ Supervisor: _____
Reason for leaving: _____
Changes you would make: _____

What age group do you prefer to work with? _____

Is there any age group you absolutely would not want to work with? _____

Describe your ideal job and work environment; _____

What is your philosophy of early childhood education? _____

What is your philosophy of behavior guidance? _____

What are your goals in the next 5 years? _____

If you were to ask a close friend what he/she thought your best qualities are, what would they say? _____

If we asked that same person what areas you needed to improve upon, what would they have to say? _____

How can you add to the quality of our program? _____

Do you have commitments that may cause a conflict to your work availability or schedule? _____

Applicant Statement of Agreement

I certify that all information I have provided in order to apply for and secure work with Adventures Learning Centers is true, complete, and correct. 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 1) cancel any further consideration of this application or 2) immediately discharge me from Adventures service whenever it is discovered.

If offered employment, I consent to provide blood or urine specimens for alcohol and drug screening analysis through an authorized testing services as provided for in the Adventures Employee Handbook and I release Adventures, its officers, and employees from any liability arising out of such procedures, tests, or results. I acknowledge that remaining free of illegal drugs and otherwise complying with Adventures substance abuse policy are conditions of employment. I also consent to an investigation of my driving record.

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

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

I understand that this application remains current for only 30 days. At the conclusion of this time, if I have not heard from Adventures and still wish to be considered for employment, it will be necessary 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 prior notice, and Adventures reserves that right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Adventures 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 a corporate officer.

If hired, I agree to report any claim of unlawful harassment or discrimination to a senior partner of Adventures in writing within three (3) days of the occurrence and understand that this is an express prerequisite condition to the filing of any action of lawsuit alleging such a wrongful act.

I understand and agree that in signing this job application, I am agreeing to waive any and all statutes of limitation applying to the employment relationship or my application for employment and instead agree to the shorter of a) a 180-day statute of limitations running from the date of the act complained of, or b) the time prescribed by applicable statute. In the event a court of competent jurisdiction determines that such a statute of limitations of 180-days is invalid as to some or all claims, I agree to the shorter of a) 301-day statute of limitations from the date of the act complained of, or b) the time period prescribed by applicable statute as to only those such claims. *This means that I only have limited time to bring any type of legal action against Adventures Learning Center or its officers or employees.*

PLEASE DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

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

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____