



eration without discrimination because of race, creed, color, sex, age national origin, disability or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address			<u>Email</u>	Home Telephone	
	City, State, Zip				Business Telephone	
	Have you previously been employed by TDC Learning Centers, Inc.?				Social Security #	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____					
	Position Desired				Desired Pay	
	Apart from absence for religious observance, are you available for full-time work?				Will you work overtime if asked?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other special training or skills (languages, child development classes, volunteer experiences, etc.)				When will you be available to begin work? _____		

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation on the employer to continue to employ me in the future.</p>	
	_____	_____
	Date	Signature

EMPLOYMENT

(Attach a resume or other sheets if needed)

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

Write a paragraph explaining Why I Want this Job:

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer(s) _____
	Reason _____ _____

FOR EMPLOYER=S USE ONLY

R E F E R E N C E C H E C K		Person Contacted	Phone Number	Results
	1			
	2			
	3			
	4			

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

Job Offer: YES NO

Position Accepted: YES NO

Position: _____

Center: _____

Start Date: _____ Hours scheduled per wk: _____

Rate of Pay: _____ Accrue Vacation/Sick Hours: Yes No

Eligible for Health Care: Yes No

Signature of Hiring Director

Date