

ENCHANTED EDUCATION LLC
EMPLOYMENT APPLICATION



Answers should be typed or carefully printed in ink. This application must be completed in its entirety before any offer of employment may be considered.

Please complete and return to: careers@enchantededucation.com

Position Applying For: _____

PERSONAL INFORMATION

Full Name:

Address:

City/State:

Email:

Phone:

Primary Language:

Any additional languages you speak fluently? If so which one(s)? _____

Are you over 18 years of age? Yes No

Have you ever been convicted of child abuse or neglect? Yes No

Are there any other facts or circumstances involving you or your background that would call into question entrusting you with the supervision, guidance, and care of young people? Yes No

Cumulatively, how many years have you spent supervising or instructing children? _____

Desired Pay: _____ Hourly Salary

Minimum Acceptable Pay: _____ Hourly Salary

Availability: (check all that apply)

Full-time Part-time Substitute/On-call Temporary Until: _____

Which days are you available to work? (check all that apply)

M T W Th F

Available to begin work on: _____

Any scheduling limitations? (ex. School, other employment): _____

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

EMPLOYMENT ELIGIBILITY

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

(Proof of citizenship or immigration status will be required upon employment)

EDUCATION

High School: _____ City: _____ State: _____

Highest Grade Completed: 9 10 11 12 Graduate? Yes No

College: _____ City: _____ State: _____

Highest Year Completed: 1 2 3 4 Graduate? Yes No

Degree(s) Earned: _____ Units completed: _____

Other: _____ City: _____ State: _____

Starting date: _____ Ending date: _____ Graduate? Yes No

Degree(s)/Certificate(s) Earned: _____

SKILLS

Please assign a numerical score (0-5) to each of the following specialized skills.

0=nonexperience 1=very limited experience 2=some experience 3=can perform the basics 4=proficient 5=expert

Robotics: Painting: Sound: Solid works: 3D Printing:

Coding: Sculpting: CAD: Revit: Laser Cutting:

Sewing: 3D Design: Z-Brush: Nomad Sculpt: Mold Making:

Lighting: Voice Acting: Tinker CAD: CNC Milling: Fusion 360:

Auto CAD: Embroidery: Vacuum Forming: Electrical Eng:

Fashion/Costume Design: Airbrushing:

Please summarize any skills, training, licenses, certifications, and/or personal characteristics that qualify you for the position for which you are applying.

EMPLOYMENT HISTORY

| | |
|---------------------|-----------|
| Employer #1: | |
| Supervisor Name: | |
| Position: | |
| Phone: | |
| City/State: | |
| Start Date: | End Date: |
| Reason for Leaving: | |

May we contact this employer for a reference? Yes No

| | |
|---------------------|-----------|
| Employer #2: | |
| Supervisor Name: | |
| Position: | |
| Phone: | |
| City/State: | |
| Start Date: | End Date: |
| Reason for Leaving: | |

May we contact this employer for a reference? Yes No

| | |
|---------------------|-----------|
| Employer #3: | |
| Supervisor Name: | |
| Position: | |
| Phone: | |
| City/State: | |
| Start Date: | End Date: |
| Reason for Leaving: | |

May we contact this employer for a reference? Yes No

BACKGROUND CHECK & DRUG TEST CONSENT

Are you willing to consent to a background check and pre-employment drug test? Yes No

I certify that my answers are true and honest to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

I acknowledge and understand that the company is an "at-will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant understands that this is an Equal Opportunity Employer and is committed to excellence through diversity.

| |
|---------------|
| Printed Name: |
|---------------|

| |
|------------|
| Signature: |
|------------|

| |
|-------|
| Date: |
|-------|