C learning

Employment Application

GREAT START LEARNING CENTER

PERSONAL INFORM	MATION							
Name*:								
Address*:			City*:			State*:	ZIP/PI	N Code*:
Phone*:			Email Address*:			Date o	f Birth*:	
ADDITIONAL INFO	RMATION							
Are you legally auth	orized to w	ork in th	ne U.S.?		Υ	es	No	
Have you ever been convicted of a felony? (If Yes, explain:					Y	es	No)	
Have you been emp	loyed by thi	s organ	ization in	the pas	t? Y	es	No	
POSITION DETAIL	.S							
Position you are applying for*: Avail		Availa	ble Start Date: Desire		ed Pay:	l Pay:		
Employment Type:					1			
Full-Time	Part-Time		Temporary			Internship		
		EM	IPLOYMEN	NT HIST	ORY			
most recent employment firse, in the summary following t								
ployer name and address: Position title/duties							Start date:	End date:
							Reason for	l leaving:
y: \$								
· ·	Supervisor:			Telephone	e:			
ployer name and address:	Position title	e/duties,	Start date:	End date:				
							Reason for	leaving:
y: \$								
; :	Supervisor:		-	Telephone	e:			
ployer name and address:	Position title	e/duties,	skills:				Start date:	End date:
	-						Reason for	leaving:
y: _\$								
r:	Supervisor:		•	Telephone	e:			

Summarize other employment related to this job:										
EDUCATION										
	Institution name	Years	Field of stud	W	Graduate or degree					
	r	completed	Field of Stud	у						
High school College/university										
Business/technical										
Additional										
		MILIT	ARY							
Are you a veteran?	Yes	☐ No								
Duty/specialized training	ng:									
		SKILLS & QUA	LIFICATIONS							
Other qualifications such as special skills, abilities or honors that should be considered:										
Professional licenses, certifications or registrations:										
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring										
to the employer's attention:										
•										
		REFER	ENCES							
List two personal refer	ences who are not relat	ives or former sup	ervisors.							
Name	Address	Tele	phone	Occupation	Years known					
Namo	Address	Tole	phone	Occupation	Years known					
Name	Address			Оссирации	rears known					
		CONT	ACT							
	illness, please contact:	Name:		Daytime phone: Relationship:						
Address:				Relation	snip:					
	INF	ORMATION TO	THE APPLICANT	-						
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you										
have misrepresented or o	have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to:									
supply your birth certifica	ite or other proof of author	rization to work in th	e United States, have a	a physical examina	ation and/or a drug test, or					
	to sign a conflict of interest agreement and abide by its terms. A Criminal History check and Finger Printing are required for employment. I understand and agree to the information shown above.									

Signature of Applicant Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.