

JOB APPLICATION

The Learning Lab

15450 W Goodyear Blvd N suite 135, Goodyear AZ 85335

623-932-1933

The Learning Lab is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative. Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Date of birth: _____

Social Security Number: _____

Address: City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position Position(s)

Applying for: Daycare Teacher

How did you hear about this position?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Personal Information

Are you 18 years of age or older?

Yes No

Are you a U.S. citizen or approved to work in the United States?

Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No
 Do you have any condition which would require job accommodations? Yes No
 If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: The Learning Lab complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Owned

College/University

Name	Location (City, State)	Year Graduated	Degree Owned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone Number: _____
Dates Employed: _____
Reason for Leaving: _____

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Employer Telephone Number: _____
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References

Please provide 3 personal and professional reference(s) below:

References	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the The Learning Lab is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the The Learning Lab. No representative of The Learning Lab has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____