

Company Name: Write Start Learning Center

Date: _____

Please Print Clearly APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute for a Completed Application.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT OFFER OR PROMISE OF EMPLOYMENT FOR A DEFINITE TERM. I ACKNOWLEDGE THAT IF HIRED BY WRITE START LEARNING CENTER, EMPLOYMENT IS ON AN AT-WILL BASIS IN ACCORDANCE WITH STATE LAW. THIS MEANS WRITE START LEARNING CENTER IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH WRITE START LEARNING CENTER AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF WRITE START LEARNING CENTER AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF WRITE START LEARNING CENTER AND I UNDERSTAND THAT WRITE START LEARNING CENTER HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL OR ITS ARBITRATION POLICY IF ANY.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Name _____ Position Applied For _____

Phone Number _____ e-Mail _____

Present Address _____ Length at Residence ____/____

Street, Apt. or Unit No./City/State/Zip

Years Months

Desired Salary/Hourly Rate _____

Type of employment desired? Full-time Part-time (Specify Hours)

Are you willing to work overtime? Yes No Date you can start work

Have you previously applied for employment with this Company? Yes No

If Yes, when did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location, and reason for separation from employment.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program?

Yes No

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

WORK EXPERIENCE: Please list the names of your present or previous employers in chronological order with present or last employer listed first, for the past 5 years. Account for periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for future consideration from employment. If required, you may attach an additional sheet of paper to this application.

Employer

Name	Address	Type of Business
Telephone _____	Dates Employed: From _____ / _____ / _____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, why not? _____		
Wages: Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

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Wages: Start _____	Final _____	Reason for Leaving _____
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How much notice did you give when resigning? If none, explain. _____		

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No

Has your employment ever been terminated by mutual agreement? Yes No

Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	EMAIL ADDRESS	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	EMAIL ADDRESS	PHONE NUMBER	YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Write Start Learning Center may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Write Start Learning Center has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Write Start Learning Center's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Write Start Learning Center's policies and applicable federal, state, and local law.

If employed by Write Start Learning Center, I understand and agree that Write Start Learning Center, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT OFFER OR PROMISE OF EMPLOYMENT FOR A DEFINITE TERM. I ACKNOWLEDGE THAT IF HIRED BY WRITE START LEARNING CENTER EMPLOYMENT IS ON AN AT-WILL BASIS IN ACCORDANCE WITH STATE LAW. THIS MEANS WRITE START LEARNING CENTER IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE IN ACCORDANCE WITH STATE LAW AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY

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I authorize Write Start Learning Center or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Write Start Learning Center or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Write Start Learning Center and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company. I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States for this Company.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant's Signature _____ Date _____