

Dream Learning Academy LLC Employment Application

We consider applications for all positions without regard to race. Color, religion, creed, gender, national origin, age, disability, martial, veteran status, sexual orientation, or other legally protected status.

Personal Information (PLEASE PRINT) Application Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

D.O.B _____ SS# _____ - _____ - _____ Email _____

Home Number _____ Cell Number _____

1. Emergency Contact Name _____ Number _____

2. Emergency Contact Name _____ Number _____

Position Applying For _____ Desired Salary _____

Education _____

Skills/Experience _____

Previous Job

1. Employer _____ Address _____

Phone number _____ From _____ To _____

2. Employer _____ Address _____

Phone number _____ From _____ To _____

Have you ever worked or applied at Dream Learning Academy? _____

Have you ever been convicted of a crime? _____

Has any substantiated report of child abuse or neglect been made against you?

Do you have reliable transportation to and from work? _____

Are you legally authorized to work in the United States? _____