

Safe Care Learning Center



Application for Employment

Safe Care Learning Center does not discriminate based on race, creed, color, sex, age, disability, religion, natural origin, gender identity, or sexual orientation.

Last Name		First Name		Middle		Date	
Street Address:							Telephone
City:		State:		Zip code:		E-Mail	
Have you applied here before?		Yes	No	Date:	Location:		Last 4 digits of SS #
Have you worked here before?		Yes	No	Date:	Location:		
Position desired:							Pay Expected
What days and hours are you available to work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday							Will you work overtime if asked? Yes No
In							What date are you able to begin?
Out							
Are you legally authorized for employment in the United States? Yes No							Are you 18 or older? Yes No
Law requires Safe Care Learning Center to perform background checks. Do you have a record of founded child abuse or dependent adult abuse? Yes No If Yes, please explain.							
Have you ever been convicted of a crime in any state including deferred judgments? Yes No If Yes, please explain.							
Describe any training received relevant to the position for which you are applying for.							
Additional Experience:							

Education

(most recent, attach more information if needed)

School	Name and Location	Course of Study	Did you graduate?	Years Completed	Degree obtained
Graduate School			Yes No		
College			Yes No		
Business/Trade/Technical			Yes No		
High School or GED			Yes No		

Employment

Please give accurate and complete employment history. Start with your present or most recent employer.
(Attach an additional sheet or resume, if necessary)

Company Name	Telephone
Address City State	Employed (month and year) From To
Name of Supervisor and Title	Rate of Pay Start Last
Job Title and describe duties	Reason for Leaving

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References

(not including family members and **only** one personal)

Name	Telephone	Relationship	How Long? (years)

I certify that, to the best of my knowledge and understanding, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for disqualification or termination of employment. Safe Care Learning Center is an at-will company and an equal opportunity employer.

Signature _____

Date _____