



Laurel Academy Early Learning Center Employment Application

Thank you for your interest in and application for employment with Laurel Academy Early Learning Center. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. In return, Laurel Academy Early Learning Center offers competitive income, an excellent working environment and the opportunity to grow with the company.

GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: FIRST NAME: MIDDLE INITIAL: SOCIAL SECURITY NUMBER:

HOME ADDRESS: (Street, P.O. Box, Apt. #) CITY, TOWN, STATE: ZIP CODE:

HOME PHONE NUMBER: (area code) ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) YES NO

HAVE YOU EVER BEEN INVESTIGATED BY THE MINNESOTA DEPARTMENT OF HUMAN SERVICES? YES NO

ARE YOU AT LEAST 18 YEARS OLD? YES NO

HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE? YES NO IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO IF YES, GIVE DATE _____

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? YES NO

IF YES, WHAT AND WHERE? _____

ARE YOU A VETERAN? YES NO

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific)

HOW DID YOU HEAR ABOUT US:

AM AVAILABLE TO WORK (Check All Applicable)

FULL TIME PART TIME TEMPORARY

DAYS / HOURS AVAILABLE:

DATE AVAILABLE TO START:

EXPECTED COMPENSATION:

EDUCATION:

(High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

OTHER EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

ADDITIONAL SPECIALIZED TRAININGS, APPRENTICESHIPS, CERTIFICATIONS, OR EXTRA – CURRICULAR ACTIVITIES:

EMPLOYMENT HISTORY:

(List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME: _____ JOB TITLE: _____ DATES OF EMPLOYMENT: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: _____ JOB TITLE: _____ DATES OF EMPLOYMENT: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME: _____ JOB TITLE: _____ DATES OF EMPLOYMENT: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

REFERENCES:
(List Two Employment References Not Related To You, Whom You Have Known For At Least One Year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow Laurel Academy or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior.

I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date.

I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Laurel Academy Early Learning Center. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise.

I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and/or drug screening by company physicians.

This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: _____ DATE: _____