



89 ROUTE 46 EAST
 DENVER, N.J. 07834
 PHONE: (973) 625-2800
 FAX: (973) 625 - 2802

APPLICATION FOR EMPLOYMENT

Little Learner Academy is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. Little Learner Academy will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE PRINT

Date of Application _____ Social Security Number _____ - _____ - _____

Name _____ Phone _____

Address _____ City _____ Zip _____

If you have resided at your present address less than three years, list your prior address:

Address _____ City _____ Zip _____

Position(s) Desired _____ Salary Expected _____

Are you available to work Full-Time Part-Time Substitute

On what date would you be available for work? _____

Are you on a layoff and subject to recall at another employer? Yes No

Have you filed an application here before? Yes No If yes, gives date(s) _____

Have you been employed here before? Yes No If yes, give date(s) _____

Birthdate (optional) _____ Are you 18 years or older? Yes No

Why did you apply for a position at Little Learner Academy?

Why do you think you would make a valuable employee of Little Learner Academy?

I have received and read the center's philosophy on the disciplining of children. Yes No
 I have received and read the Information to Parents Statement. Yes No

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for an employment visa status (e.g. H-1B visa Status)?
 Yes No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.) Yes No

If yes, state the nature of the conviction or plea, the date, and explain

Name of person to notify in case of emergency _____

Address _____ Emergency Phone No. _____

EDUCATION

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service. _____

Type of School	Name of School City, State	# of years completed	Graduate? Yes (Y) No (N)	Course Pursued/ Degrees Granted
High School				
College or University				
Business, Trade, Technical or Correspondence School or college				

PERSONAL REFERENCES

List the name, address and telephone number of three references who are NOT related to you and are NOT previous employers.

1. _____ ()
Name Address Telephone No.

2. _____ ()
Name Address Telephone No.

3. _____ ()
Name Address Telephone No.

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience for at least the last five years. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

If you need additional space, please continue on a separate sheet of paper

Employer	Employment Dates	Kind of work Performed/Reason Employment Ended:
Address	From:	
Telephone ()	To:	
Job Title	Salary/Hourly Rate:	
Immediate Supervisor	Starting:	
	Final:	
Employer	Employment Dates	Kind of work Performed/Reason Employment Ended:
Address	From:	
Telephone ()	To:	
Job Title	Salary/Hourly Rate:	
Immediate Supervisor	Starting:	
	Final:	
Employer	Employment Dates	Kind of work Performed/Reason Employment Ended:
Address	From:	
Telephone ()	To:	
Job Title	Salary/Hourly Rate:	
Immediate Supervisor	Starting:	
	Final:	

May we contact the employers listed above? Yes No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s).

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? Yes No If yes, please state the employer, and the reason for the discharge resignation.

Which of your previous jobs have you liked best? _____

Why? _____

Which of your previous jobs have you liked least? _____

Why? _____

APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph)

Initials

_____ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If Little Learner Academy decides to obtain a consumer credit report, I understand that Little Learner Academy will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

_____ I hereby release all parties, including but not limited to Little Learner Academy personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Little Learner Academy takes on the basis of such information.

_____ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Little Learner Academy. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Little Learner Academy has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of Little Learner Academy other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

_____ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the Company, nor am I in possession of nor will I at any time reveal to the Company, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

_____ Date: _____
Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER 60 DAYS BUT WILL BE RETAINED PURSUANT TO LEGAL REQUIREMENTS FOR ONE YEAR.

INTERVIEW QUESTIONS

Please respond to the following questions with a written response.

1. Abigail, a five year old, is trying to fasten the clasp on a necklace she has found in the playhouse. You sit down next to her and discover she is squeezing the wrong part of the clasp. What can you do to help her? As a caregiver, you:
2. Olivia, who is just turning two, takes Christen's crackers during snack time. Christen begins to whimper and then cry. As the caregiver, you say:
3. Mikaela, who is six years old is printing a message on a special card she is preparing for Mother's Day. She asks you to write the message, "I LOVE YOU" on the card. As a caregiver you say:
4. Blair's eyes are crossed. He is seven years old and comes to the center after school to be with other school-aged children. Some of the children call him "crazy crossed-eyes". As a caregiver, you:
5. Chico refuses to wear his jacket when he goes out to play on a warm day. His mother insists he wears the jacket and always asks if Chico has worn it. What should you tell the mother when she asks if he has worn a jacket? As a caregiver, you say: