## GENERAL EMPLOYMENT APPLICATION The Learning Center at Living Word Lutheran Church

The Learning Center considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME:			DATE:
ADDRESS:			E-MAIL:
CITY:	S	STATE:	ZIP CODE:
HOME PHONE: CELL I		CELL PH	HONE:
POSITION DESIRED:			WAGE DESIRED (Be Specific):
DATE AVAILABLE TO ST	ART:		HOURS AVAILABLE:
Please list your prior work your most recent place of e			or field related to position sought starting with
EMPLOYER NAME:			GENERAL JOB RESPONSIBILITIES
ADDRESS:			
TELEPHONE NUMBER:		<u> </u>	1
POSITION HELD:	EMPLOYMENT From:	Γ DATES: To:	1
REASON FOR LEAVING			1
SUPERVISOR'S NAME	PAY OR SALARY Start :	Final:	
EMPLOYER NAME:			GENERAL JOB RESPONSIBILITIES
ADDRESS:	_		
TELEPHONE NUMBER:	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>		1
POSITION HELD:	EMPLOYMENT From:	Γ DATES: To:	1
REASON FOR LEAVING	<u> </u>		]
SUPERVISOR'S NAME	PAY OR SALARY Start:	Final:	
EMPLOYER NAME:			GENERAL JOB RESPONSIBILITIES
ADDRESS:			
TELEPHONE NUMBER:	<u> </u>		1
POSITION HELD:	EMPLOYMENT From:	Γ DATES: To:	-
REASON FOR LEAVING	I		1
SUPERVISOR'S NAME	PAY OR SALARY Start:	Final:	1

## **EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/ PROFESSIONAL DEGREE				
OTHER				

You must attach to this application a copy of the Diploma/Certificate from your highest level of education achieved. Please also attach official copies of your undergraduate and/or graduate transcripts if applicable.

applying:
Please answer the following questions with yes or no:
1. Are you at least 18 years of age? Can you provide proof of your age if required?
2. Are you a U.S. citizen or have appropriate documentation to show you are eligible to work in the U.S.?  (Proof of citizenship or immigration status will be required upon employment)
2. Are you available to work any time as scheduled between the hours of 6:30 a.m. and 6:00 p.m.?
If No, please indicate the times you are available to work.
3. To your knowledge are you related to any child currently enrolled in this program?
If yes, please list child's name and your relationship:
4. Have you ever been convicted of or have an indicated report of any crime against a child?
5. Have you ever been convicted of any crime or have pending criminal actions against you?
If yes, please explain:

			and the second
. What do you find rewardi	ng about working with child	lren and families?	
<del>- (10.11.00) (17.2) (1.10.11.11.11.11.11.11.11.11.11.11.11.11</del>	<del></del>		
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hild's arm and sitting the ch	aild harshly into a seat, and s	ed veteran teacher handling a child r speaking with an inappropriate tone	oughly, pulling the and attitude. You are
e only witness to this incide	nt, what would you do?	Light manuser bloods is not the high in rely solution would native to the high in the high	THE REPORT OF THE PARTY OF THE
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e t Manual	191	31.5	dalara engine
			1
		r of the child is furious and demands	
hild and even goes as far as t nmediately. How would you	to threaten legal action if the i handle this parent?	e identity of the child who bit her chi	ild is not disclosed
ERSONAL/PROFESSIONA	AL REFERENCES: Do not i	include family members.	
NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION
	A	I	

## **APPLICANT'S STATEMENT:**

Printed Name		Date
Signature		
Thank you for your interest in being employed w Learning Center will schedule interviews with apherein.	with The Learning Center. Upon review of opticants who meet the initial requiremen	f completed applications a representative of The ts, as evidenced by the information provided
The Learning Center is an "AT-WILL" employe any reason. Likewise, the employer may termina "AT-WILL" employment relationship may not b specifically acknowledged in writing and signed	ate the relationship at any time, with or we altered by any written document or by	ithout cause and with or without notice. The verbal agreement, unless such alteration is
*The Learning Center is an equal opportunity emopportunity for all and will be based solely on the race, color, religion, age, national origin, pregnar	e individual merit and fitness of applican	e conducted in a manner to assure equal ts, candidates and/or employees without regard to
***********	**********	***********
OFFICE USE ONLY:		
Received by:	Date:	
Interview Scheduled: Date:	Time:	Location:
Follow-up Interviews/Meetings:		

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.