

BRIGHT FUTURES LEARNING CENTER

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

(PLEASE PRINT)

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number(s)		Email Address	
Position(s) Applying For:	Desired Wage(BE SPECIFIC)	Date of Application	

If Classroom Position, Age Group Preference(s) (If Any)

<input type="checkbox"/> No Preference	<input type="checkbox"/> Infants/Toddlers	<input type="checkbox"/> Two's/Threes	<input type="checkbox"/> Preschool
<input type="checkbox"/> Multiage	<input type="checkbox"/> School-Age	<input type="checkbox"/> Float	

Would you prefer:

<input type="checkbox"/> No Preference	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
--	------------------------------------	------------------------------------

What is your availability from Monday to Friday? _____

Have you ever filed an application with us before?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, give date and last name on application, if different. _____ Date _____ Last Name

Have you ever been employed with us before?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, give date and last name on application, if different. _____ Date _____ Last Name

On what date would you be available for work? _____

Are you legally authorized to work in the United States?

Yes

No

Have you ever been convicted of a crime other than a minor traffic incident?

Yes

No

If yes, please describe: _____

EDUCATION

	Name and Address of Instruction	Major/Course of Study	Dates Attended		Degree/Diploma Obtained
			From	To	
High School					
College					
Graduate					
Other (please specify)					

*Unless in a job training program, classroom staff must be at least 18 years old and have a High School Diploma or GED.

Describe any relevant specialized training, apprenticeship, qualifications and/or skills.

ACTIVITIES AND OFFICES

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

EMERGENCY INFORMATION

In the event of an emergency, notify one or both of the following people (please list 2):

Name	Relationship	Phone
------	--------------	-------

--	--	--

EMPLOYMENT EXPERIENCE

Start with your most recent job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed	Job Duties
Address	City, State	Zip
Telephone Number(s)	Salary/Hourly Rate	Final position
Job Title	Supervisor's Name	Contact Number:
Reason for Leaving	May we contact?	

Employer	Dates Employed	Job Duties
Address	City, State	Zip
Telephone Number(s)	Salary/Hourly Rate	Final position
Job Title	Supervisor's Name	Contact Number:
Reason for Leaving	May we contact?	

Employer	Dates Employed	Job Duties
Address	City, State	Zip
Telephone Number(s)	Salary/Hourly Rate	Final position
Job Title	Supervisor's Name	Contact Number:
Reason for Leaving	May we contact?	

If you need additional space, please continue on the back of Application.

PROFESSIONAL REFERENCES (Please list three people, not related to you, who can comment on your potential as an employee of Bright Futures.)

Name	Job Title	Telephone Number(s)
Address	City, State	Zip

Name	Job Title	Telephone Number(s)
Address	City, State	Zip

Name	Job Title	Telephone Number(s)
Address	City, State	Zip

PERMISSION TO CONTACT

I give Bright Futures Learning, LLC, permission to contact the references listed above. For employers listed on the previous page, I likewise give permission for Bright Futures Learning, LLC, to contact only those for whom I have answered "yes" or in the affirmative to the question, "May we contact?"

Signature of Applicant: _____ Date: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the

Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date