



Application for Employment

In order for you to be considered for employment, you must fully complete and sign this application.

LeafSpring School is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or disability.

Date of Application _____

Position Applying For _____

Please Print

Name (Last, First, Middle) _____

Current Address _____

City, State, Zip _____

Email Address _____

Telephone Number _____ - _____ - _____

Emergency Contact _____ Emergency Number ____ - ____ - ____

Emergency Contact's Address: _____

Are you either a U.S. citizen or legally eligible for employment in the United States? () No () Yes

What types of employment will you consider? () Full-time () Part-time () Seasonal

Do you have any relatives, spouses, significant others and/or domestic partners working for us? () No () Yes

If yes, who? _____

Are there any reasons why you would not be able to report to work on time and on a consistent basis?) No Yes

If yes, please explain: _____

Are any special accommodations needed to perform the essential functions of the job for which you have applied?() No () Yes

If accommodations are being requested, please specify: _____

What location do you prefer? _____

How did you hear of us? (walk-in, newspaper, sign, Web Ad, Referral, etc) _____

Salary or Hourly Rate Requirements _____ Date Available for Employment _____

Have you previously been employed by LeafSpring School? () No () Yes If yes, When? _____

Are you at least 18 years of age? () No () Yes

Hours and days available:

- Monday

- Tuesday

- Wednesday

- Thursday

- Friday

PLEASE DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Received _____	1 st Interview _____	Start date _____
	Pre-employment test score _____	Position _____
	Classroom Observation _____	Rate of Pay _____
	2 nd Interview _____ By Whom _____	Hours _____
	References complete _____	Termination Date _____

Have you ever been convicted, fined, sentenced, and/or pleaded nolo contendere (no contest) to a criminal charge (felony or misdemeanor other than minor traffic violations)? () No () Yes

If yes, please explain, including date(s), type of crime(s) and court(s) in which you were convicted.

Have you ever been a defendant in a civil action for an intentional tort (sued because you assaulted, attacked, injured, defamed and/or hurt somebody)? () No () Yes - If yes, please explain

Are there any criminal charges pending against you? () No () Yes

If yes, please explain, including the type of crime(s) and court(s) in which the charges are pending.

This question's purpose is to identify any pending charges that may not show on your background check, however may legally prohibit you from working.

Do you have a valid driver's license? () No () Yes

Please summarize your driving record, including past and pending violations and dates:

What have you ever been coached on, disciplined or terminated for by an employer in the past 5 years?

RECORD OF EDUCATION

	Name and Address of School	Course of Study	# of Years Completed and type of diploma	Date of Graduation
High School				
Vocational or Trade School				
College				
Other including seminars, courses (Specify)				

Academic Honors, Offices _____

Extracurricular Activities (which may relate to the job you are applying for) _____

Professional Organizations (which may relate to the job you are applying for) _____

Please list all current licenses, certifications or registrations which you possess:

Type _____ Number _____ State _____ Expiration date _____

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EMPLOYMENT EXPERIENCE/REFERENCES

Please start with your present or last job and include military service assignments and periods of unemployment for at least the previous ten (10) years. Feel free to add relevant experience greater than 10 years ago.

Employer	Telephone	Dates Employed	Reason for leaving
Address (City, State, Zip)			
Job Title	Hourly Rate/Salary	Starting	Final
Supervisor's Name, Title and Phone Number			May we contact () Yes () No
Work Duties and Responsibilities			
Employer	Telephone	Dates Employed	Reason for leaving
Address (City, State, Zip)			
Job Title	Hourly Rate/Salary	Starting	Final
Supervisor's Name, Title and Phone Number			May we contact () Yes () No
Work Duties and Responsibilities			
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Job Title	Hourly Rate/Salary	Starting	Final
Supervisor's Name, Title and Phone Number			May we contact () Yes () No
Work Duties and Responsibilities			

Please explain all gaps in employment:

Please summarize special skills, qualifications or other experience, including additional languages you are proficient in speaking and writing, that you think may have bearing on the job requirements of the position for which you are applying:

Do you have any commitments to another employer or organization, which might affect your employment with us?
() No () Yes - If yes, please explain: _____

EMPLOYMENT CONDITIONS: PLEASE READ BEFORE INITIALING & SIGNING

_____ - I hereby certify that the information provided on this application is true, complete and accurate. I agree that the Company may investigate all of the statements made on this application and that any false statements, misrepresentation or omission will be considered sufficient cause for this company to deny or terminate my employment upon discovery. I understand that this application will remain active for the duration of active employment.

_____ - I understand that the Company may review references, credit files, and criminal records as part of the employment process. I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

_____ - I understand that employment with this company is 'at will' and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and this company may terminate or modify the employment relationship at any time, with or without motive or cause. I understand that no employee, manager, or other agent of the Company has the authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by a Company Official. I further understand that in the absence of such an agreement, employment can be terminated at the sole discretion of the company or employee at any time.

_____ - I understand that I am not guaranteed a specific shift, schedule, or work assignment generating overtime. If employed by this company, I will abide by its rules, regulations, policies and procedures.

_____ - I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. If I need medical attention, I agree to contact a director before receiving medical assistance, follow worker's comp. insurance instructions and use a managed care facility – failure to do so may result in loss of benefits. I am hereby advised that the company to better ensure the safety of all employees and control the cost of worker's compensation coverage that, should I have an accident, I will have to submit to a drug test within 72 hours and I acknowledge that failure to test or a positive drug test may also result in may discharge from the company and possible loss of benefits.

_____ - Finally, I freely and voluntarily agree (if my company requires it) to undergo drug testing as part of the application process, for reasonable suspicion, or at any time during my employment with this company. I understand that either refusal to submit to the test or failure of the test per this company's policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant: _____

Date: _____

This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status, sexual orientation or any other characteristic protected by law.