

Lil' Treasures
Learning Academy

8500 Indianhead Drive
Sherwood, AR 72120
(501) 834-8828

Application for Employment
An Equal Opportunity Employer

Desired Salary\$ _____

Today's Date _____

First Name (Please Print) Middle Last Social Security number

Present Address City State Zip Code Phone

Are you a citizen of the United States? YES NO If no, are you authorized to work in U.S.? YES NO

Are you at least 18 years old? YES NO

Have you ever worked for this company? YES NO If yes, Dates _____

Have you ever applied for a position with this company Yes No If yes, Dates _____

Have you been convicted or plead guilty to **ANY** felony or misdemeanor in the last seven years?
 yes no If yes explain: _____

Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment?
 yes no
If yes, explain: _____

What date are you available to start? _____

Will you work overtime if required? yes no

Indicate your availability to work (Check the days and enter the hours):

_____ **Monday** from _____ to _____

_____ **Tuesday** from _____ to _____

_____ **Wednesday** from _____ to _____

_____ **Thursday** from _____ to _____

_____ **Friday** from _____ to _____

Please indicate which types of employment interest you. Check all that apply.

Permanent full time Permanent part time Temporary full time until: _____

Temporary part time until: _____

Educational Data

High School: _____ Address: _____

From _____ to _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From _____ to _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From _____ to _____ Did you graduate? YES NO Degree: _____

TAPP Registry Level and number _____

Employment History

Provide a complete description. This information will determine if your application will be accepted. Start with your most recent job. For part time work show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. You may also attach a separate sheet with additional information. (Last 6 years)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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Please identify any exceptions or reasons for not contacting this employer _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact for reference yes no later

Please identify any exceptions or reasons for not contacting this employer _____

Comments including explanation of any gaps in employment:

Have you ever been dismissed or forced to resign from any employment? yes or no If yes, please explain

Are you employed? yes or no

Are you subject to recall? yes or no

May we contact your present employer? yes or no

Skills and Qualifications -

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.

References

List the name, and telephone number of three people who are *NOT* previous employers or relatives.

Name	Telephone	Years Known	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

For some positions, it may be required that employees possess certain physical capabilities. Check the appropriate boxes below which you feel reflect the physical activities in which you CAN routinely engage in without doing harm to yourself or fellow employees. Please be assured that a negative answer will not disqualify you from consideration.

Lifting 25 lbs. or less Bending Climbing
 50 lbs Stooping Standing

Are you being treated for/or have you ever been treated for:

Drug Addiction: yes or no Alcoholism: yes or no Mental Illness: yes or no

Drug Screen:

You may be asked to perform a drug screening before employment will be received. Will you submit to pre employment drug screening as well as random drug screening while employed? yes or no

List any additional information that you would like us to consider.

Disclaimer and Signature

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service I have been employed.

I give the employer the right to investigate all references, criminal and maltreatment registry and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant _____ Date ____/____/____

Person or Persons to contact in case of emergency:

Date of Employed: _____ Date of Separation: _____