Lighthouse Learning Center, LLC
Employment Application

PERSONAL INFORMATION

Name _____
(First) (Middle) (Last)

Address_____
Home Number(___)_____ Cell Number(___)_____
DOB_____ SSN_____
Driver's License Number (if applying for bus driver)_____
Emergency Contact Name_____ Phone Number_____

Have you been convicted of or pleaded no contest to a felony within the last five years?
Yes_____ No_____
If yes, please explain: _____
_____

POSITION/AVAILABILITY

Position Applied For:
Full-time____ Part-time____
Teacher____ Assistant____ Substitute____ Cleaning____ Bus Driver____

Days/Hours Available:
Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____
Hours Available: from _____ to _____
What date are you available to start work?
_____

EDUCATION

Name and Address of School - Degree/Diploma - Graduation Date:
High School_____
College_____
Trade/Vocational_____

Skills and Qualifications: Licenses, Skills, Training (CPR/first aid), Awards
_____
_____

EMPLOYMENT HISTORY

Present Or Last Position:
Employer_____ Address_____
Supervisor_____ Phone_____
Email_____ Position Title_____
From_____To_____ Salary_____
Responsibilities_____
_____
Reason for Leaving_____

Previous Position:
Employer_____ Address_____
Supervisor_____ Phone_____
Email_____ Position Title_____
From_____To_____ Salary_____
Responsibilities_____
_____
Reason for Leaving_____

*May We Contact Your Present Employer?
Yes _____ No _____

References

Name, Title, Address, Phone (Required to have at least 3 non-relative references):

_____
_____
_____
_____

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____ Date_____

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 any other legally protected status.

For Office Use Only:
Date Interviewed_____

Date Hired_____ Date Terminated_____

Physical Date_____ Background Check Approval Date_____

Copy of Driver's License_____ Drug Screening Date_____

CPR/First Aid Training on file_____