



Employment Application

A Place 4 Everyone Learning Center, LLC (AP4ELC)

Date _____

Full Legal Name _____

First

Middle

Last

AKA

Mailing Address _____

Street Address

Apt#

City

State

Zip

Physical Address if different _____

Cell Phone _____ OK to receive text []YES[]NO other phone _____

Email Address (required) _____

SS# _____ DOB _____

Emergency Contact Name/Relationship/Phone Number(s):

Are you over 18 years of age? []YES []NO

Are you a US citizen? []YES []NO If not, are you authorized to work in the US []YES []NO

Have you ever been convicted of a felony? []YES []NO If yes, explain _____

Have you ever worked for AP4ELC? []YES []NO If yes, when _____

Last name if different _____

High school _____ Did you graduate []YES []NO Years completed _____

College _____ Did you graduate []YES []NO Years completed _____

Other _____ Did you graduate []YES []NO Major/Degree _____

Five REFERENCES- Please do not list relatives or people with whom you live. At least one must be professional reference. Please notify the recipients they will receive an email request from A Place 4 Everyone Learning Center, LLC and it may go to their junk mail.

Full name _____ Relationship _____

Phone # _____ Email Address _____

Full name _____ Relationship _____

Phone # _____ Email Address _____

Full name _____ Relationship _____

Phone # _____ Email Address _____

Full name _____ Relationship _____

Phone # _____ Email Address _____

Full name _____ Relationship _____

Phone # _____ Email Address _____

HOW DID YOU HEAR ABOUT AP4ELC/WHO REFERRED YOU? _____

EMPLOYMENT HISTORY/EXPERIENCE (INCLUDING ANY VOLUNTEER EXPERIENCE)

IF FAMILY MEMBER PLEASE INDICATE EXPERIENCE WITH MEMBER

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____ Date Started: _____

Reason for Leaving: _____ Date Ended: _____

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____ Date Started: _____

Reason for Leaving: _____ Date Ended: _____

Company Name: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____ Date Started: _____

Reason for Leaving: _____ Date Ended: _____

CERTIFICATIONS

Do you have current nationally recognized CPR card? []YES[]NO Exp date _____

Do you have current nationally recognized First Aid card?[]YES[]NO Exp date _____

Have you completed AZ Article 9 training? []YES []NO Exp date _____

Do you have a current AZ Level 1 Fingerprint Clearance card?[]YES[]NO Exp date _____

Have you completed AZ DCW training? []YES []NO Level _____

Please list you availability to work _____

Are you currently employed []YES[]NO If YES, what is your work schedule? _____

Above certifications are not required to apply for this position. AP4ELC can assist in obtaining prior to being hired.

Disclaimer and Signature

I certify that my answers are true and complete to the best of knowledge. I authorize investigations of all statements contained in this application as may be necessary in arriving at a hiring decision. I understand that false or misleading information given I this application or interview(s) may result in the cancellation of my employment. I also understand that I am required to abide by all the rules and regulations of A Place 4 Everyone Learning Center, LLC, and other regulating bodies.

I authorize A Place 4 Everyone Learning Center, LLC to search the AZ department of economic Security (AZDES), Child Protective Services (CPS), Central Registry and the Office of Inspector General (OIG) for Consideration of this position to work with children and/or adult client members of AZDES.

Signature _____ **Date** _____

OFFICE USE ONLY:

Hire date _____ Pay role entered date _____

Supervisor _____