



## 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 \_\_\_\_\_