Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

The Educational Foundation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Telephone Number ()			
e-mail			
Desired Salary			
rk certificate at the time of employment? Yes \square No \square			
Part-time □ (Specify Hours)			
Date on which you can start			
which you are applying, with or without a reasonable accommodation?			
Where did you apply?			
of a felony? (Do not include convictions that were sealed, eradicated, to a diversion program; or marijuana-related convictions that are			
qualify an applicant from a particular job. The Company will whether the conviction(s) substantially relates to the position's nvictions, the applicant's age at the time of conviction, the time on of jail sentence, the applicant's entire work and educational ndations. on written request, receive a statement of the reason(s) for denial nformation.			
e? Yes No n be considered. (A Yes answer will not necessarily disqualify you			

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.):

Education School Name and Course of Graduate? # of Years Degree/Major Location Study Completed High School College Bus/Tech/Trade or Post College Honors Received _____ WORK EXPERIENCE Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service. **Employer** Address Name Type of Business Phone (_______ E-mail ______ Dates Employed From __/ __/ To __/ ___ To ___/ ___
 Job Title
 _____Supervisor's Name
 May we contact? Yes ____No _ Wages Start ______ Final _____ Reason for Leaving _____ **Employer** Name Address Type of Business Phone (____) ____ E-mail _____ Dates Employed From __/__/ To __/__/_ Job Title _____Supervisor's Name _____ May we contact? Yes _____No _____ Wages Start _____ Final ____ Reason for Leaving _____ **Employer** Address Name Type of Business

Job Title		Supervisor's Name			
May we contact? Yes	No				
Wages Start	Final I	Reason for Leaving			
Duties					
PROFESSIONAL LICE	ENSES OR MEMBE	RSHIPS			
Type of License(s)Held_	-				
State License Number	License Expiration Date				
REFERENCES	additional work-rel		call. Individuals with no prior work		
Name	Position	Company	Work Relationship (ie. Supervisor, co-worker)	Telephone Number	

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand this Company employs only individuals who are legally eligible to work in the United States.

Applicant Signature	Date
If the applicant is a minor, the foregoing release and consent must list Signature by the applicant's parent or legal guardian constitutes ac guardian that the Company, to the extent permitted by federal, stat substances, conduct inspections of property without notice, and co to know, the applicant, and the applicant's legal guardian.	knowledgement by the applicant and the parent or legal e, and local law, can test the applicant for controlled
Parent/Legal Guardian	_Witness
Date	_Date