



behavioral learning center, llc

APPLICATION FOR AT-WILL EMPLOYMENT

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 90 days.

PERSONAL INFORMATION

Name: Last Middle	First	Social Security #:
<input type="checkbox"/> Home <input type="checkbox"/> Cell Phone		E-mail:

Please list below your current address and your two other most recent addresses:
Current

Street	City	State	Zip	Since (Mo/Yr)
--------	------	-------	-----	---------------

Street	City	State	Zip	Since (Mo/Yr)
--------	------	-------	-----	---------------

Street	City	State	Zip	Since (Mo/Yr)
--------	------	-------	-----	---------------

EDUCATION

High School Attended	City, County & State		Did you earn a Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma If a student when do you anticipate you will graduate?
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma If a student when do you anticipate you will graduate?
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Hourly Rate \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	What days & hours are you available? (attach schedule if necessary)	



APPLICATION FOR AT-WILL EMPLOYMENT

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States?
 YES NO

2) Will you work overtime when necessary? YES NO

3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for : YES NO

4) Do you understand the job requirements? YES NO (If no, please explain)

5) Are you on layoff and subject to recall? YES NO

6) Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain) YES NO

7) Have you ever been discharged or asked to resign from a job? (If yes, please explain)
 YES NO

8) Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain) YES NO

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please list below your last three employers beginning with the most recent:

Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties Reason for Leaving				

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties Reason for Leaving				

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties Reason for Leaving				



APPLICATION FOR AT-WILL EMPLOYMENT

Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	

Duties Reason for Leaving

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid driver's license? YES NO
(If YES: Driver's License Number) _____

Date of Issue: _____

2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? YES NO

3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?
 YES NO

4. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

- 1.
- 2.
- 3.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.

2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,



APPLICATION FOR AT-WILL EMPLOYMENT

misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

Please block the hours you have classes or are NOT available.

Semester: Fall Spring Summer

Year: _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					

Thank you for your interest in our Company!