

TLC does not engage in unlawful employment discrimination because of race, creed, color, age, sex, national origin, disability or other characteristic protected by law. Employment with TLC is of indefinite duration, terminable at the will of either party with or without cause.

Personal

Last Name	First	MI	Date
Street Address			Home Telephone
			()
City State Zin			Business Talanhana
City, State, Zip			Business Telephone ()
Have you ever applied f			
Yes No If ye	es: Month and Year		
Position Desired			Salary requested
When are you available	to work?		Will you work
☐ Monday ☐ Tuesda		∕ □ Friday	overtime if asked?
			🗌 Yes 🗌 No
Hours:			
Are you 18 or over?	Yes No		Have you worked for
position.	ist provide proof of authorization to	d work in	TLC before?
Answer below ONI V if	applying for <u>{LIST POSITIONS}</u>		If yes, when?
Answer below ONLY II a			
Are you 21 or over?	Yes No		
Employment with Trum eligibility for employmer	bull Loves Children, Inc. requires p t in the United States	proof of	
How did you hear about	t TLC?		

Education

School	Name and Location of School	Course of Study	No of years completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/ Technical					
High School					

Employment 1. Company Name	Please give accurate, complete full-time and part-time employment record. Start with your most recent employer Telephone ()		
Address	Employed (month and year) From: To:		
Name of Supervisor	Weekly Pay Start: Last:		
Job title and description of work	Reason for leaving		
2. Company Name	Telephone ()		
Address	Employed (month and year) From: To:		
Name of Supervisor	Weekly Pay Start: Last:		
Job title and description of work	Reason for leaving		

3. Company Name	Telephone
	()
Address	Employed (month and year)
Address	From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
Job title and description of work	Reason for leaving
4. Company Name	Telephone
	()
Address	Employed (month and year) From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
Job title and description of work	Reason for leaving
We may contact the employers listed above	
unless otherwise named. Please indicate	Reason:
employers you do not wish us to contact:	
Military Service	
Did you serve in the U.S. Armed Forces?	If "yes", in what Branch?
Yes No	Data of onlightmont:
	Date of enlistment:
	Date of Discharge

Please provide three personal references

Name	Relationship
Address	Telephone
Name	Relationship
Address	Telephone
Name	Relationship
Position	
Indicate why you are applying for this position	

Have you ever been convicted of a crime?

🗌 Yes 🗌 No

References

A "yes": answer is not automatically disqualifying.

If "yes," please provide details here.

Release of Information

residing at the address provided on page one,

do hereby authorize any local police department to release to Trumbull Loves Children, Inc., a before and after school child care program, any criminal and motor vehicle information, which may be on file on me. I also authorize each educational institution and employer identified above to release to Trumbull Loves Children, Inc. for a period of six months following the date of my signature below, any information the organization maintains about me. Furthermore, I release all such police departments, educational institutions, employers and Trumbull Loves Children, Inc. from all liability for damage as a result of divulging this information.

Signature

Date

EMERGENCY <u>CONTACT</u> (Please list persons who are available during day time hours)	RELATIONSHIP	TELELPHONE <u>NUMBERS</u> (List a minimum of two numbers per person)
1.		
2.		

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION (Please read carefully):

I understand that this application is not and is not intended to be a contract of employment nor does this application obligate Trumbull Loves Children, Inc. to me in any way. I understand and agree that unless specified otherwise in a writing naming me and signed by the President of the Board of Directors of Trumbull Loves Children, Inc., Employment with Trumbull Loves Children, Inc. is-at-will, that is, it can be terminated by either party with or without notice, at any time with or without cause. I hereby authorize TLC to contact references or my personal, education, and/or employment history.

By signing, I acknowledge that I have read, understood, and agree to the above statements.

Applicant's Name

Date

Please return completed application to:

Trumbull Loves Children, Inc. Attn: Chauna Gordon, Human Resources P.O. Box 162 Trumbull, CT 06611