



Application for Employment

Personal

Last Name	First	MI	Date
Street Address			Home Telephone ()
City, State, Zip			Cell Telephone ()
Have you ever applied for a position with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			Email Address
Position Desired			Salary requested
When are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Hours::			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, employment is subject to verification of age)</i> Are you over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you worked for TLC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about TLC/ASP?			

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					

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, national origin, handicap or veteran status. Employment with TLC is of indefinite duration, terminable at the will of either party for cause, for no cause, or even for "bad" cause so long as it is not otherwise unlawful.

References

Please provide three personal references

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

Release of Information

I _____, 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. Furthermore, I release that police department and Trumbull Loves Children, Inc. from all liability for damage as a result of divulging this information.

Signature

Date

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

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION (Please read carefully):

*The facts set forth in my application for employment are true and complete. I understand that **if employed**, any false statement(s) on this application may result in my immediate dismissal. I further understand that this application is not and is not intended to be a contract of employment nor does this application obligate the employer in any. I understand and agree that my Employment-is-at-Will and can be terminated by either party with or without notice, at any time for any or no reason. I hereby authorize TLC to conduct references of my personal, education, and/or employment history, as appropriate.*

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, Executive Director
 720 Daniels Farm Rd.
 Trumbull, CT 06611