

Early Childhood Services 650 NE A Street, Madras, OR 97741 Phone (541) 475-3628 -- Fax (541) 475-2583

Email: career@madrastclc.org

APPLICATION FOR EMPLOYMENT

| Positi | on(s) applying for: | | | | |
|-----------------------------------|---|----------------------------------|-------------------------------------|------------------|--------------------|
| Name | | | Date | | |
| Mailing Address | | | | | |
| Phone/Email | | Are | you 18 years or older? | Yes | Oto |
| Have you ever been emp | loyed by TCLC? | Yes O | No Date | | |
| Are you related to a curre | ent Board Member or emp | ployee? | Yes O No | Name of relat | tive |
| Are you interested in: | Full Time | Part Time | Substitute | | |
| How did you hear of the position? | | | Date available to begin employment: | | |
| Do you have a high school | ol diploma or GED certifi Trade/Business/Other | Education icate? | Yes No Degree Awarde | ed/Subject of fo | ocus |
| Job Title | Emp Name/Location Employer | loyment Hist Employed Date | c ory Job Duties | 3 | Reason for leaving |
| | | Start End | | | |
| | | Start End | | | |
| | | Start End | | | |
| Are you bilingual? | Yes No |) | Language: | | |

| Special Skills/Certifications (first aid, cpr) | | | | | | | | |
|--|---|--|---|--|--|--|--|--|
| | | | | | | | | |
| References | | | | | | | | |
| I authorize TCLC to contact the listed company and people. TCLC will request information regarding my work history, work ethic, and other traits pertaining to the position I am applying for. | | | | | | | | |
| Employme | nt References | | | | | | | |
| | Company | Supervisor | Contact Information | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Personal R | teferences (May not be family members | • | | | | | | |
| | Name | Relationship | Contact Information | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| Applicant 1 2 3 | The Children's Learning Center is an odiscrimination on any basis including to other protected classification. Consist request accommodations needed to pare Prior to starting employment each appregulations through the Office of Child I release the above named facilities, prince supplying this information to TCLO. | race, color, age, sex, religionent with the Americans were ticipate in the application lication will be required to d Care. revious employers, and pe | ion, disability, national origin or any ith Disabilities Act, applicants may process. o pass a background check based on | | | | | |
| 4 | in supplying this information to TCLC. I understand that documentation of employment eligibility for compliance with the U.S. | | | | | | | |
| 5 | Immigration Control and Reform Act is required at the time of hire. I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or if hired for dismissal from employment. | | | | | | | |
| 6 | I understand and agree that nothing in to create an employment contract. I fu will be "at will" and without fixed term cause and without prior notice at the o regarding employment have been mad | this application or convey arther understand and agree in, and, and may be termin ption of either the center of | red during any interview is intended e that if I am hired, my employment ated at any time with or without | | | | | |
| | Applicant Name (PRINT) | Applicant Signat | ure Date | | | | | |