Ripon Children's Learning Center Welcomes You

Thank you for your interest in and application for employment with Ripon Children's Learning Center. We are an equal opportunity employer and give employment consideration without regard to race, color, sex, religion, age, disability, or veteran status. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. ***Please include a resume and cover letter with your completed application.***

GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: FIRST NAME: MIDDLE INITIAL:

HOME ADDRESS: (Street, P.O. Box, Apt. #) CITY, TOWN, STATE: ZIP CODE:

EMAIL ADDRESS: HOME PHONE NUMBER: (area code)

HOW WERE YOU REFERED TO RCLC? (Please Include name if referred by a current or past employee of RCLC)

OTHER INFORMATION:

ARE YOU 18 YEARS OF AGE OR OLDER? _____ YES _____ NO ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) _____ YES _____ NO

OTHER NAMES USED DURING PRIOR EMPLOYMENT(Maiden Names, Other Surnames, Etc.)

HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? _____ YES _____ NO IF YES, WHAT AND WHERE? _____

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific)

I AM AVAILABLE TO WORK: _____ FULL TIME _____ PART TIME _____ TEMPORARY _____ MORNINGS _____ AFTERNOONS _____DURING SCHOOL BREAKS ____YEAR ROUND

WHAT AGE GROUP ARE YOU MOST COMFORTABLE WORKING WITH? _____

DATE AVAILABLE: ACCEPTABLE SALARY RANGE:

EDUCATION: (High School, College, Trade Schools, and Other Education)

1

HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: 1 2 3 4 DID YOU GRADUATE? _____ YES ____ NO

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

2

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: 1 2 3 4 DID YOU GRADUATE? _____ YES ____ NO

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

3

THIRD HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: 1 2 3 4 DID YOU GRADUATE? _____ YES ____ NO

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

4

OTHER EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: 1 2 3 4 DID YOU GRADUATE? _____ YES ____ NO

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

SPECIAL SKILLS:

Describe any volunteer work, other experience, training, or honors received in connection with your service to any organizations, which you consider relevant to your ability to perform the job sought.

EMPLOYMENT HISTORY: (List Most Recent First, Include Any Military Service)

1. EMPLOYER NAME: JOB TITLE:

DATES OF EMPLOYMENT FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER WHEN WE ARE CONSIDERING YOUR APPLICATION? YES:_____ NO_____

2. EMPLOYER NAME: JOB TITLE:

DATES OF EMPLOYMENT FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER WHEN WE ARE CONSIDERING YOUR APPLICATION? YES:_____ NO_____

3. EMPLOYER NAME: JOB TITLE:

DATES OF EMPLOYMENT FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) City, Town State Zip Code PHONE NUMBER:

STARTING COMPENSATION: ENDING COMPENSATION: SUPERVISOR'S NAME: REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER WHEN WE ARE CONSIDERING YOUR APPLICATION? YES:_____ NO_____

REFERENCES: (List Two Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
NAME	ADDRESS	PHONE	YEARS ACQUAINTED
NAME	ADDRESS	PHONE	YEARS ACQUAINTED

List the names of relatives, friends, or acquaintances employed by of RCLC and their relationship(s) to you:

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by RCLC. I authorize the schools, persons, previous employers, agencies, and other organizations named in this application to provide RCLC (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on my application may be justification for refusal of employment.

SIGNATURE OF APPLICANT: DATE: