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**For Official Use Only**

Date Received: \_\_\_\_\_, 20\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Little Acorns Learning Center provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please -**

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your application to Arlene McMahon, Owner/Director, Little Acorns Learning Center

**Position Applying For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal Information**

1. Name	2. Address (Street)	3. Address (City, State, Zip)
4. Telephone Number ( ) -	5. Alternate Telephone ( ) -	6. Social Security Number
	7. Email Address	

**General Information**

Are you legally eligible for work in the U.S.A.?  Yes  No  
*(if yes, verification will be required)*

Have you ever applied to or worked for Little Acorns Learning Center before?  Yes  No  
 If so, when?

Are any of your relatives currently working for Little Acorns Learning Center?  Yes  No  
 If so, please list name, if applicable.

Have you ever been convicted of a felony?  Yes  No  
 If yes, please explain.

### Employment Request

Minimum Wage Requested: \$ \_\_\_\_\_ If applicable, are you available for overtime?  Yes  No

What is the earliest date you can begin work?

What days and times are you available for work?

How did you hear about this position?

Facebook  Internet Job Posting  Friend - Name \_\_\_\_\_  LALC Website  Other \_\_\_\_\_

### Employment History

*\*Please begin with most recent employment*

May we contact your current employer?  Yes  No  Not Applicable

Employer: _____  Address: _____  Telephone: (    ) _____ - _____	Duration of Employment: ____ yrs ____ mos.  Supervisor: _____	Pay or salary  Start:  Final:	Position: Duties:	Reason for Leaving:
Employer: _____  Address: _____  Telephone: (    ) _____ - _____	Duration of Employment: ____ yrs ____ mos.  Supervisor: _____	Pay or salary  Start:  Final:	Position: Duties:	Reason for Leaving:
Employer: _____  Address: _____  Telephone: (    ) _____ - _____	Duration of Employment: ____ yrs ____ mos.  Supervisor: _____	Pay or salary  Start:  Final:	Position: Duties:	Reason for Leaving:

### Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

### Military

Military Service:  Yes  No      Branch: \_\_\_\_\_      Duration: \_\_\_\_\_ yrs.

References			
Name	Relation	Title	Phone Number

Signature / Certification	
<p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Little Acorns Learning Center to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Little Acorns Learning Center by any of the schools, services, or employers listed on this application.</p>	
Signature:	Date: