



2104 Zimmerly Rd.
 Erie, PA 16509
 814-315-1313
 littleacornslearningcenter@gmail.com

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: