



Belle City Learning Center

Application for Employment

Employer: Belle City Learning Center

Address: 520 Goold St.

City/State/ZIP: Racine, WI, 53403

Phone Number: (262) 632-9100

Fax Number: (262) 632-9174

Website: www.bellecity.net

It is the policy of Belle City Learning Center to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as, race, color religion, gender, national origin, age, disability or veteran status.

Applicant Information:

Applicant Full Name: _____

Home Address: _____

City, State, ZIP: _____

Number of years at this address: _____

Daytime phone: _____

Evening phone: _____

Mobile phone: _____

Alternate phone: _____

Social Security number: _____

Driver's License: _____

Emergency Contact:

Who should be contacted in an emergency?

Contact Name: _____ Relationship to you: _____

Address: _____ City, State, ZIP: _____

Daytime phone: _____ Evening phone: _____

Job position applied for: _____ Full or part time: _____

Desired Salary: _____ Current Registry Level: _____

Who referred you to our company: _____

Do you have any friends or relatives who work here? If so, please list here.

Have you applied with our company previously? _____ If yes when: _____

Are you at least 18 years old: Yes _____ No _____

How will you get to work? _____

Are you willing to work any shift including nights and weekends? Yes _____ No _____

If no, please list any limitations: _____

If applicable, are you available to work overtime? Yes _____ No _____

If you are offered employment, when would you be available to work? _____

If hired are you able to legally submit proof that you are eligible for employment in the United States? Yes _____ No _____

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes _____ No _____

What reasonable accommodation, if any, would you request? _____

_____.

Applicant's Skills:

List any skills that may be useful for the job you are seeking. Enter the number of years' experience, and circle the number which corresponds to your ability for each particular skill. (1 represents poor ability while 5 represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

Applicant Employment History:

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____ Supervisor Name: _____

Address: _____ City, State, ZIP: _____

Job duties: _____

Date of Employment (Month/Year): _____ Reason for leaving: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City, State, ZIP: _____

Job duties: _____

Date of Employment (Month/Year): _____ Reason for leaving: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City, State, ZIP: _____

Job duties: _____

Date of Employment (Month/Year): _____ Reason for leaving: _____

Applicant Education and Training:

College/University Name and Address: _____

Did you receive a degree? Yes _____ No _____ If yes, degree(s) received: _____

High School or GED Name and Address: _____

Did you receive a degree? Yes _____ No _____

Other Training (graduate, technical, vocational): _____

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

Yes _____ No _____ Branch: _____ Specialized Training: _____

References:

List any two non-relatives who would be willing to provide a reference for you.

Name: _____ Telephone: _____ Relationship: _____

Address: _____ City, State, ZIP: _____

Name: _____ Telephone: _____ Relationship: _____

Address: _____ City, State, ZIP: _____

Please provide any other information that you believe should be considered, including whether you are bound by an agreement with any current employer.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate.

I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Belle City Learning Center to contact former employers and educational organizations to fully and freely communicate information my previous employment, attendance, and grades. I authorize those persons designated at references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Administrator, Director, or Owner, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary by nature and either I or the employer will be able to terminate the employment relationship at any time without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I chose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Belle City Learning Center, except in a specific written contract of employment signed on behalf of the organization by its Administrator, Director, or Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ AND UNDERTAND THE ABOVE CETIFICARE AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE