Creative Learning, LLC

Date Available:

Employment Application

Applicant Information								
Full Name:				Date:				
	Last	First			M.I.			
Address:								
	Street Address					A	partment/Unit ‡	ŧ
	City				State	Z	IP Code	
Phone:			Email					
Hours available or school schedule								
Are you a cit	tizen of the United States?	YES NO	If no, a	are you	authorized to	work in the	YES U.S.?	NO
YES NO If yes, explain:								
	or employment are you willi -employment drug screeni							
-	_	Edu	cation		_	-	-	
High School	:	Address	s:					
From:	To:	Did you graduate	YES ? 🔲	NO	Diploma::			
College:		Address	s:					
From:	To:	Did you graduate	YES ? 🔲	NO	Degree:			
Other:		Address	s:					
From:	To:	Did you graduate	YES ?	NO	Degree:			
		Refe	rences					
Please list t	hree professional referen	ces.						
Full Name:					Relati	onship:		
Company:						Phone:		
Full Name:					Relati	onship:		
Company:						Phone:		

Full Name:		Relationship:							
Company:		Phone:							
	Previous E	mployme	nt						
Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting S	Ending Salary:\$							
Responsibilities:									
From:	To:	Reason fo	r Leaving:						
May we contact y	our previous supervisor for a reference?	YES	NO						
Company:				Phone:					
A -1-1				Supervisor:					
Job Title:	Starting S	Ending Salary: <u>\$</u>							
Responsibilities:									
From:	To:	Reason fo	r Leaving:						
May we contact y	our previous supervisor for a reference?	YES	NO						
Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting S	Starting Salary: <u>\$</u>		Ending Salary:					
Responsibilities:									
From:	To:	Reason for Leaving:_							
May we contact y	our previous supervisor for a reference?	YES	NO						
	Disclaimer a	nd Signat	ure						
I certify that my	answers are true and complete to the be	st of my kno	owledge.						
	n leads to employment, I understand that esult in my release.	false or mis	sleading ii	nformation in my application or					
Signature:				Date:					