

The Jungle Learning Center, L.L.C.

Employment Application

The Jungle Learning Center, L.L.C. the "Company" is an Equal Opportunity Employer. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status, atypical hereditary cellular or blood traits (sickle cell), or any other characteristic protected by federal, state or local law. In accordance with the law, the Company will make reasonable accommodations to the known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation would impose an undue hardship on the operation of our business. If you require assistance to complete this form, or to participate in an interview, please let us know.

Application Instructions

1. Please type or print neatly using a pen with black or blue colored ink.
2. Answer all of the questions and complete all of the sections. The application must be filled out completely even if a resume is attached. If you do not understand a question, ask a company representative to assist you.
3. Read all of the information on the application carefully. Sign and date the application after you have answered all the questions, completed all of the sections, and reviewed the completed document for accuracy.
4. Return the application to the company representative. An employee of The Jungle Learning Center, L.L.C. will contact you if your qualifications match job openings. Applications will be kept on file for future reference and consideration for one year.

PERSONAL INFORMATION

Name

Last First Middle Email Address

Other Name(s) you have used

Last First Middle

Present Address

Street City State Zip Code

Previous Address

Street City State Zip Code

Social Security #

Home Telephone

Business Telephone

Cell Telephone

Driver's License #

State

In the last 10 years have you been cited for any traffic violations?

Yes No

Explain

Are you under 18 years of age? Yes No If Yes, do you have a work permit? Yes No

Can you, after employment, submit certification of your legal right to work in the United States? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after employment commences. In addition, at the time of hire, all new employees will be required to sign INS Form 1-9 (issued by the Federal government) verifying, under oath, their employment authorization.

Have you ever been convicted of any crime, misdemeanor or felony, that has not been expunged or sealed by a court (excluding a traffic violation) Yes No

If Yes, Where:

When:

Convictions are not an automatic disqualification from employment. To help us evaluate your application, please describe the nature of the offense, penalties, and your subsequent rehabilitation.

POSITION INFORMATION

Position Desired:

Salary Required:

Date Available:

Would you prefer to work: Full Time: Part Time: Number weekly hours required

Please list any scheduling preferences or limitations:

Are you currently employed? Yes No May we contact your present employer? Yes No

EDUCATION

	School Name /City and State	# Years Attended	Graduate? Yes or No	Diploma or Degree	Major/ Minor/ GPA
High School			Yes No		
College			Yes No		
Other Education or Training			Yes No		

List job related achievements, certifications, academic honors, memberships, organizations, volunteer work, special skills, except those that indicate race, religion, disability, color, national origin/ancestry, sex or age.

EMPLOYMENT HISTORY

Starting with your most recent employer, list current and all prior experience including military experience. If you have little or no employment experience, please list up to 3 professional references in the Employer Info. Section below. These references should be people who can objectively evaluate your education, training, qualifications and character, and should not be relatives.

Company Name:

Address: City: State: Zip:

Supervisor Name: Supervisor Phone:

Employment Dates: From: To: Starting Pay: Ending Pay:

Reason for Leaving:

Company Name:

Address: City: State: Zip:

Supervisor Name: Supervisor Phone:

Employment Dates: From: To: Starting Pay: Ending Pay:

Reason for Leaving:

Company Name:

Address: City: State: Zip:

Supervisor Name: Supervisor Phone:

Employment Dates: From: To: Starting Pay: Ending Pay:

Reason for Leaving:

Company Name:

Address: City: State: Zip:

Supervisor Name: Supervisor Phone:

Employment Dates: From: To: Starting Pay: Ending Pay:

Reason for Leaving:

Company Name:

Address: City: State: Zip:

Supervisor Name: Supervisor Phone:

Employment Dates: From: To: Starting Pay: Ending Pay:

Reason for Leaving:

APPLICANT'S STATEMENTS

PLEASE READ THE FOLLOWING STATEMENTS AND CERTIFICATIONS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED VALID.

By signing this application, I: 1) authorize the Company to contact all of my employment references, and to investigate and obtain copies of any records from former employers, educational institutions, other relevant third parties, and any government or law enforcement agency; and 2) agree to release to the Company and all affiliate entities, their employees, as well as any person or institution that provides the Company with any information about me, from any and all liability whatsoever resulting from any such investigation or communication, so long as such information is relevant to my employment. The Company herein states that it shall not use any such information for any improper or unlawful purpose.

I agree that should I be employed, I may be required to take a company directed physical examination as required state or local child care law / regulations. I consent to having the results of such required physical examinations released to the Company.

ADDITIONAL CERTIFICATIONS

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. ICERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I ALSO UNDERSTAND THAT THE OMISSION, FALSIFICATION OR MISREPRESENTATION OF ANY FACT FROM THIS APPLICATION OR MATERIALS I SUBMIT, OR DURING ANY INTERVIEW, WILL BE CAUSE FOR DENIAL OF APPLICATION, WITHDRAWL OF OFFER, OR IMMEDIATE DISMISSAL.

I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS VOLUNTARILY ENTERED INTO, IF HIRED, I WILL BE FREE TO RESIGN AT ANY TIME AND FOR ANY REASON. SIMILARLY, THE COMPANY WILL BE FREE TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

Applicant's Signature _____ **Date** _____

Please sign and date in person at interview.