



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law

PERSONAL	Last Name			First	Middle	Date
	Street Address					Cell Phone Number ()
	City, State, Zip					
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year				Email address	
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When can you start?
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.					Registry Level?
	Other certifications, special training, skills (languages, etc.), Wisconsin DPI License					

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

5	Reference Name	Email Address
	Relationship	

Reference Name	Email Address
Relationship	
Reference Name	Email Address
Relationship	

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
Employer Number(s) _____ Reason _____ _____	

APPLICANT'S SIGNATURE

Please read and understand these statements before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from my previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

AUTHORIZATION FOR RELEASE OF INFORMATION*

_____ I hereby authorize The Learning Gardens, LLC to obtain information and records pertaining to me from any or all Municipal, State or Federal law enforcement agencies as required by Wisconsin DCF regulations.

This release is executed to authorize The Learning Gardens, LLC, as a prospective Employer, to obtain the above information. It is understood that said information shall be used only in consideration of employment and shall not be further disseminated for any purpose.

****Additional information may be requested to proceed with necessary verifications.****

I fully understand and accept all terms and conditions in the above statements.

_____ Date

_____ Signature