

LEARNING ACADEMY

543 Bream Street • Charleston, WV 25387

Application for Employment or Volunteer Services

Licensed/Certified Child Care Agency

GENERAL INFORMATION

Full Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Are you legally entitled to work in the U.S.? ☐ Yes ☐ No

POSITION

Position or type of employment desired _____

Will Accept _____ Shift _____

Are you able to preform the essential functions of the job you are applying for? ☐ Yes ☐ No

Salary Desired _____ Date Available _____

EDUCATION & TRAINING

Are you a high school graduate or have you passed the general education (GED) test? ☐ Yes ☐ No

Did you graduate College? ☐ Yes ☐ No College Name _____

Degree _____ Major _____

Other Education _____

Did you graduate? ☐ Yes ☐ No

If Yes, what is your Degree? _____

Do you have a current West Virginia State Food Service Worker Permit? ☐ Yes ☐ No

Number _____ Where Issued _____ Expiration Date _____

Tubercular test result (Mantoux method) _____

Number _____ Where Issued _____ Expiration Date _____

Do you know infant-child cardiopulmonary resuscitation (CPR)? ☐ Yes ☐ No

Number _____ Where Issued _____ Expiration Date _____

Language read, written, or spoken fluently other than English _____

_____

VETERAN INFORMATION (Most Recent)

Branch of Service _____

Date of Entry _____ Date of Discharge _____

SPECIAL SKILLS (List all pertinent skills & equipment that you can operate)

_____

_____

WORK EXPERIENCE (Most Recent First. Include voluntary work & military experience)

Employer _____ Phone _____

Address _____

Job Title _____ Number Employees Supervised _____

Specific Duties _____

_____

From (Month /Year) _____ To (Month /Year) _____

Hours Per Week _____ Last Salary _____

Supervisor _____ Reason for Leaving _____

May we contact this employer? ☐ Yes ☐ No

Employer _____ Phone _____

Address _____

Job Title _____ Number Employees Supervised _____

Specific Duties _____

_____

From (Month /Year) _____ To (Month /Year) _____

Hours Per Week _____ Last Salary _____

Supervisor _____ Reason for Leaving _____

May we contact this employer? ☐ Yes ☐ No

Employer _____ Phone _____

Address _____

Job Title _____ Number Employees Supervised _____

Specific Duties _____

_____

From (Month /Year) _____ To (Month /Year) _____

Hours Per Week _____ Last Salary _____

Supervisor _____ Reason for Leaving _____

May we contact this employer? ☐ Yes ☐ No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's comments _____

_____

_____

_____

_____

New Beginning Learning Academy, 543 Bream Street, Charleston, West Virginia is an equal opportunity employer.