

**Application for Employment**  
**Leaping Learners**  
*Children Leaping into the World of Learning*

We are an equal opportunity employer  
We consider applications for all positions without regard to race, color religion,  
creed, gender, national origin, sexual orientation, or other legally protected status

Please Print

**Applicant**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ or \_\_\_\_\_ Best Times to Call \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position (s) Applying For: \_\_\_\_\_ Date of Application \_\_\_\_\_

If Classroom Lead Teacher/ Teacher Assistant/ Care Giver, age Group Preference(s) ( IF ANY)

Infants, Toddlers                  Twos, Threes                  Preschool                  School-Age

Would you prefer:    Full time                  or                  Part time

Preferable Hours:    Early mornings or Mid-mornings/ Afternoon or Afternoon / Evenings

Have you ever filed an application with us before?    Yes    No

If yes, give date \_\_\_\_\_

List all Sur- Names you have used before \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you prevented from lawfully being employed in this country because of visa or immigration status?    Yes                  No

*Proof of citizenship or immigration status will be required upon employment*

Have you ever been convicted of a felony?                  Yes                  No



Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Dates employed from \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_

Work Performed \_\_\_\_\_

Final Hourly Rate/ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact? YES NO

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Work Performed \_\_\_\_\_

Final Hourly Rate/ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact?    YES            NO

**References**

(Please list three people, not related to you, who can comment on your potential as an employee of Leaping Learners)

Name    Last\_\_\_\_\_First\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_State\_\_\_\_\_

Job Title\_\_\_\_\_

Telephone Number (s) Day\_\_\_\_\_Evening \_\_\_\_\_

Name    Last\_\_\_\_\_First\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_State\_\_\_\_\_

Job Title\_\_\_\_\_

Telephone Number (s) Day\_\_\_\_\_Evening \_\_\_\_\_

Name    Last\_\_\_\_\_First\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_State\_\_\_\_\_

Job Title\_\_\_\_\_

Telephone Number (s) Day\_\_\_\_\_Evening \_\_\_\_\_

**Permission to Contact**

I give Leaping Learners, permission to contact the reference listed above.

For employers listed on the pervious page , I likewise give permission for Leaping Learners, to contact only those for whom I have answered yes or in the affirmative to the question "May we contact"

