

M A N C H E S T E R



Early
Learning
Center

Learning and Growing Together

80 Waddell Road * Manchester, CT 06040 * 860-647-9659

We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis including race, color, religion, age, gender, national origin, disability, veteran status, marital status, pregnancy, sexual orientation and any other Characteristic or status protected by law.

EMPLOYMENT APPLICATION (Please Print In Ink)

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Position Applying For: _____ Requested Salary: _____

Type of employment desired: Full Time Part Time

How were you referred to our organization? _____

If referred by a current MELC employee, please state name: _____

GENERAL INFORMATION

Are you legally eligible to work in the USA? Yes No
(Proof of identity and eligibility will be required upon offer of employment)

Are you over the age of 18? Yes No *(If no, you will be required to provide authorization to work)*

Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes No Please specify: _____

Have you ever applied for employment at MELC? Yes No If yes, when? _____

Have you ever been employed by MELC before? Yes No If yes, when? _____

Name and relationship of any relatives currently or previously employed by MELC: _____

EDUCATIONAL HISTORY

SCHOOL	NAME/LOCATION	MAJOR/MINOR	YEARS COMPLETED	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE (UNDERGRAD)				
GRADUATE SCHOOL				
OTHER (Include workshops, training, volunteer experience etc.)				

EMPLOYMENT RECORD

Please list all prior employers within the past 5 years starting with current or most recent employer. Complete this section even if the information is listed on your resume.

NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE & JOB DUTIES	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR			
Phone ()							
NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE & JOB DUTIES	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR			
Phone ()							
NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE & JOB DUTIES	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR			
Phone ()							

NOTE: Use separate sheet of paper if necessary to list additional employers. We will contact the employers listed above unless you indicate otherwise below.

DO NOT CONTACT _____ REASON _____

DO NOT CONTACT _____ REASON _____

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 2 weeks duration or more in the past 5 years.

FROM		TO		STATE WHAT YOU WERE DOING DURING THIS PERIOD
MO	YR	MO	YR	

REFERENCES

(2 Business and 2 Personal – No Relatives)

BUSINESS

Name: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Years Known: _____

Address: _____ Phone Number: _____

PERSONAL

Name: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Years Known: _____

Address: _____ Phone Number: _____

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE SO INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM OF THE INTERVIEWER BEFORE SIGNING.

I understand that MANCHESTER EARLY LEARNING CENTER follows an “employment at will” policy, in that I or MANCHESTER EARLY LEARNING CENTER may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director or Board of Directors President of MANCHESTER EARLY LEARNING CENTER. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that MANCHESTER EARLY LEARNING CENTER may thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true, correct, and complete to the best of my knowledge. I understand that any falsification or willful omission of fact on this application shall be considered sufficient cause for dismissal or refusal of employment.

Applicant's Signature

Date