



Application for Employment

SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Rebecca's Learning Center, llc is committed to a policy of Equal Opportunity Employment and will not discriminate on any legally recognized basis including, but not limited to, race, age, color, religion, sex, marital status, weight, height, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law in the hiring, promotion, payment or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act, or the Michigan Persons with Disabilities Civil Rights Act, in regard to employment practices, or terms, conditions, and privileges of employment.

Under Michigan law, a person with a disability needing accommodations for employment must notify the Employer within 182 days after the need is known or reasonably should have been known. Failure to notify the Employer may result in a loss of your rights.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

The information you provide may be used, and your previous employers will be contacted, for the purpose verifying information provided on this application.

SECTION 2: APPLICANT'S PERSONAL INFORMATION

Date ____/____/____

Name _____
(PRINT) First Middle Initial Last

Present Address _____
(PRINT) Number Street City State Zip Code

Phone No. Home (____) _____ Alternative/Cell (____) _____

Social Security No. xxx-xx-_____ (last four digits only please)

Are you 18 years old or older? () Yes () No

If you are a minor, can you produce the work certificate necessary to obtain employment? () Yes () No

Position applying for: _____

Have you been given a job description for this position? () Yes () No

Can you perform the duties for the job which you are applying with or without accommodations? () Yes () No

If no, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? () Yes () No

Do you have any relatives or a spouse employed by this organization? () Yes () No

If yes, please provide names _____

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.?

Yes _____ No _____

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position for which you are applying? () Yes () No

If yes, please explain: _____

Do you have a current CPR and/or First Aid Card? () Yes () No

If no, are you willing to get these at your own expense? () Yes () No

Have you ever been employed by this organization before? () Yes () No

If yes, give dates employed and indicate if employed under a different name _____

SECTION 3: AVAILABILITY AND INTERESTS IN WORK

Are you interested in full or part-time? () Full time () Part time

On which days are you available to work?

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Date Available to start ____/____/____

Salary Desired _____

SECTION 4: EDUCATION

Educational Background	Name & Location of School	Highest Grade Completed	Major Area of Study
High School		9 10 11 12/GED	
College		1 2 3 4	
Post College/ Trade School			

Have you received any certifications or attended any seminars related to the child care field? () Yes () No

If yes, please specify: _____

SECTION 5: EMPLOYMENT HISTORY
(PLEASE START WITH PRESENT OR MOST RECENT EMPLOYER)

Employment Dates (Month/Year)	Company Name, Address and Phone#	Salary (start to last)	Position Title	Name of Supervisor	Reason for Leaving
Fm: ----- To:					
Fm: ----- To:					
Fm: ----- To:					

May we contact your current supervisor or manager? () Yes () No
If no, please explain: _____

SECTION 6: REFERENCES

Personal References

Give the names of two (2) personal references of persons NOT related to you, whom you have known at least one (1) year.

Name	Company	Phone Number	Relationship
1. _____			
2. _____			

Professional References

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked.

Name	Company	Phone Number	Relationship
1. _____			
2. _____			

SECTION 7: PROFESSIONAL LICENCES, CERTIFICATIONS and CREDENTIALS:

Please indicate any job- related licenses, certifications and credentials:



SECTION 8: CONSENT

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Rebecca's Learning Center, LLC and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers and hereby release my prior employers from claims, liability and damage that may result from furnishing the information to you.

I hereby give my consent for Rebecca's Learning Center, LLC, through an authorized testing service of its choice, to collect blood, urine or saliva from me to conduct any other necessary medical tests to determine the presence of alcohol or controlled substances, and I hereby release Rebecca's Learning Center, LLC from any liability arising out of such results. Further, I give my consent for the release of the test results and other relevant medical information to authorized management for appropriate review. If I am accepted for employment by Rebecca's Learning Center, LLC, I hereby consent to be tested in the above manner during my employment when, in the company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

SIGNATURE: _____ DATE: ___/___/___

I certify that I personally completed this application and that all the information is true and correct to the absolute best of my knowledge. I request and authorize the company to investigate my background for employment purposes. The company is authorized to investigate any alcohol or drug tests, criminal history, MVR reports, and character history.

I further understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

SIGNATURE: _____ DATE: ___/___/___



SECTION 9: AT-WILL STATUS

In consideration of my employment, if a position is offered to me, I agree to conform to the results and regulations of Rebecca's Learning Center, llc, and my employment and compensation can be terminated at-will without cause and with or without notice at any time, at the sole discretion of Rebecca's Learning Center, llc or myself. I agree that no one other than Rebecca's Learning Center, llc has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than Rebecca's Learning Center, llc has any authority to make changes to this At-Will Status of employment unless in writing and signed by both Rebecca Allor and myself.

EMPLOYEE SIGNATURE: _____ DATE: ___ / ___ / ___

EMPLOYER SIGNATURE: _____ DATE: ___ / ___ / ___

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.

SECTION 10: AT-AUTHORIZATION FOR BACKGROUND CHECK

The job for which you are being considered may require that we obtain a credit, consumer and/or investigative consumer report. Therefore, we may obtain a credit history, report, a report on the status of your driving record, and/or a criminal record check, in addition to checking your references. We may use any or all information available that is relevant to a candidate's suitability and qualifications for the position for which the candidate is being considered.

Further information on the nature and scope reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC- preschool summary of rights under the fair Credit Reporting Act.

Name: _____
Social Security Number: _____
Driver's License Number: _____

I authorize RLC, llc to investigate my personal history, character, education, and training records, credit history, driving record, and criminal history, as they may be relevant to determine my suitability for employment for the position for which I am applying.

Signature of Applicant: _____



SECTION 11: APPLICANT CERTIFICATION OF AGREEMENT

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with Rebecca's Learning Center, llc (RLC) is on an employment at-will basis. This means that my employment with RLC can be terminated at any time with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with RLC at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with RLC, llc policies, rules, and regulations; I understand that RLC, llc has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state, and local law, except that it will not modify its policy of employment at will. By my continued employment with RLC, llc, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate, dismissal.

I hereby authorize RLC, llc or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law and I agree to complete any requisite authorization forms. I release all parties from any liability arising out of this provision and the use of such information.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Rebecca's Learning Center, llc and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I agree to notify Rebecca's Learning Center, llc if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, which my job application is pending or, during my period of employment, if hired.

If hired, I agree to report any claim of unlawful harassment or discrimination to the director in writing within three days of the occurrence and understand that this is an express pre-requisite condition to the filing of any action of lawsuit alleging such a wrongful act.

I understand and agree that in signing this job application, I am agreeing to waive any and all statutes of limitation applying to the employment relationship or my application for employment, and instead agree to the shorter of a 180-day statute of limitations running from the date of the act complained or, the time prescribed by applicable statute. In the even of a court of competent jurisdiction determines that such a statute of limitations of 180-days is invalid as some or all claims. I agree to a shorter of a 301 day statute of limitations from the date of the act complained or the time period prescribed by applicable status as to only those claim(s). This means I will only have limited time to bring any type of legal action against Rebecca's Learning Center or its employees.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement of Agreement.

Applicant's Signature: _____ Date: ____/____/____



SECTION 12: EMPLOYEE CONDUCT AGREEMENT

Every employee is to strive to achieve excellence in results and personal conduct. The best interest of the employees and RLC, llc depends upon a spirit of teamwork. Teamwork can only be achieved if all employees work together as successfully as possible in an environment.

Each employee is responsible for conducting all personal and business affairs in a manner that is honest and ethical. Every employee must maintain a constant awareness of the importance of ethical conduct and refrain from taking part in or asserting any influence in any transaction where the employee's well-being or the well-being of their family may conflict with the best interest of RLC, llc.

All employees must conduct themselves and their activities and lives away from work in a manner, which will not diminish RLC llc's reputation of bring any embarrassment to RLC, llc.

Generally, RLC, llc will not seek out information about the off-work activities of its employees. Nevertheless, all employees must understand that their off-work activities

may, in some instances, have a direct impact upon RLC, llc. Therefore, RLC, llc reserves the right to seek out information about the off-work activities of its employees and to discharge any employee who is determined by RLC llc, to have violated the spirit, the intent, or the requirements of its employee handbook, or for any other action which is not in the best interest of RLC llc,.

All employees are responsible for acting in the best interest of RLC llc, in all matters relating to the company. All employees are encouraged to seek guidelines from a supervisor in the event that they have a question about a potential action or inaction. On such matters, the employee should request written confirmation from his/her supervisor.

Simply state, ***what you do on your own time is RLC, llc's business if it affects your work or the reputation of the company in any way.*** Violations of this policy may result in discipline up to and including discharge.

Applicant Signature: _____ Date: ____/____/____