



Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address

City

State

Zip

Phone number

Email address

Are you legally eligible to work in the US?

Yes

No

Position

Position you are applying for

Available start date

Desired pay, if applicable

Role Desired

Full-time

Part-time

Seasonal/Temporary

Volunteer

Board Member

Availability

Monday	From:	To:	Friday	From:	To:
Tuesday	From:	To:	Saturday	From:	To:
Wednesday	From:	To:	Sunday	From:	To:
Thursday	From:	To:			

Other than time off for reasons related to your religion, a disability, or a medical condition, are there any days or times when you are unavailable to work?



Additional Information

How did you hear about our company and this job opening?

Have you ever applied to or worked for Education and Leadership Foundation before? Yes No

If so, When?

What interests you in applying for work with us?

If hired, would you have a reliable means of transportation to and from the site Yes No

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations?

Yes No

If no, describe the functions that cannot be performed.

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone



Employment History

Employer (1)	Job title		Dates employed
Work phone	Description		
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Description		
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Description		
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Description		
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Description		
Address	City	State	Zip



Disclaimers

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I authorize Education & Leadership Foundation to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the Company's designated representative and me.
Initials	I understand that if an offer is made, I am subject to undergo a live scan and TB test.
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	