



## ALL DAY LEARNING CENTERS

*Focusing On Your Child's Early Education*

Longships Complex  
170 Township Line Road, Building B  
Hillsborough, NJ 08844  
908-359-0803

[info@alldaylearningcenters.com](mailto:info@alldaylearningcenters.com)

### **APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_

#### **PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_  
Street City Zip Code

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ MOBILE PHONE #: \_\_\_\_\_  
Area Code and Number Area Code and Number

IF LESS THAN 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE US? Yes \_\_\_\_\_ No \_\_\_\_\_  
(You will be required to complete Form I-9 upon hire)

#### **EMPLOYMENT DESIRED**

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ TEMP: \_\_\_\_\_ SUMMER: \_\_\_\_\_

DATE OF AVAILABILITY: \_\_\_\_\_

CAN YOU WORK ANY SHIFT? Yes \_\_\_\_\_ No \_\_\_\_\_

CAN YOU WORK OVERTIME IF REQUIRED? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US BEFORE? \_\_\_\_\_

WHEN? \_\_\_\_\_

WERE YOU EVER EMPLOYED BY THIS COMPANY? \_\_\_\_\_

WHEN? \_\_\_\_\_

IN WHAT POSITION? \_\_\_\_\_

WHAT WAS THE REASON THAT YOUR EMPLOYMENT ENDED?

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**REFERRAL INFORMATION**

How did you hear about us? \_\_\_\_\_

Do you know anyone that works for this Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, who? \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied/ Major
High School				
College or University				
Graduate School				
Trade or other School				

COMPUTER SKILLS:

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SPECIAL SKILLS:

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LICENSES GRANTED AND YEAR LICENSE ATTAINED:

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CERTIFICATES HELD AND YEAR CERTIFICATE GRANTED:

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PLEASE DESCRIBE ANY OTHER RELEVANT SKILLS OR EXPERIENCE:

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**EMPLOYMENT HISTORY**

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards. *Incomplete information could disqualify you from further consideration.*

Employer	Employer Address	Dates of Employment	Position Held	Immediate Supervisor	Reason for Leaving

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? Yes \_\_\_\_\_ No \_\_\_\_\_

REFERENCES: Include name, phone and e-mail address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or if I am hired, my dismissal. I understand that neither this application nor my participation in an interview process establishes an obligation upon the Company to hire me.

I authorize an investigation of all statements contained in this application for employment. I give permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them.

I acknowledge that any offer of employment is contingent upon my satisfactorily completing the pre-employment drug or alcohol test or other pre-employment inquiries.

My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others. My offer of employment may also be revoked if I fail to pass a drug or alcohol test or if I refuse to take such a test.

I acknowledge that due to the nature of the position that I am applying for the Company may need to obtain certain background information. I understand that a criminal background inquiry or driving history inquiry may be necessary and performed before my hire and I agree that I will complete the necessary authorizations to permit this inquiry.

I understand that if I am hired, I will be required to sign an agreement limiting my ability to use or disclose confidential or proprietary information, including customer information, during my employment and for a period after my employment ends, and that I may have limitations upon my ability to compete with my employer or to solicit customers or employees after my employment ends.

I understand that if I am hired, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time without cause or notice. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or that varies in any way the at-will nature of my employment other than by a written statement signed by me and the President.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_