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APPLICATION

General Information:

Last Name:		First Name:		Middle Initial:	Social Security Number:	
Address:		City:	State:	Zip:	Telephone:	Cell:
Mailing Address:		City:	State:	Zip:	Email:	
Are you over 18 years of age?	If hired, can you furnish proof of age?	Pay expected: \$ Per Hour		Do you have a means for getting to work?	Have you ever been employed as a tutor or teacher?	
Have you ever been fired or asked to resign? If YES, please explain:			Do you speak other languages? If YES, Please List			
Can you provide legal documentation, if hired, that you are eligible to work in the United States?			If hired, are you able to obtain a TB test and fingerprinting?			
Have you ever been convicted of a crime under your own or another name? (Please do not include traffic tickets) If YES, please give date(s), locations(s), nature of crime and disposition of all convictions:						

(Note: Conviction of a crime or crimes will not necessarily disqualify you from employment.)

Work Experience / Employment History:

Provide detailed and accurate information or you will be disqualified. LIST LAST 4 EMPLOYERS. Begin with the present or most recent employer, include part time, use additional sheets if necessary.

Company Name:		Address:		City:	State:	Telephone:
Date of Employment:	Initial Wage:	Final Wage:	Supervisor's Name and Title		List NO if you DO NOT wish us to contact this employer:	
Your Job Title and Duties:					Reason for Leaving:	

Company Name:		Address:		City:	State:	Telephone:
Date of Employment:	Initial Wage:	Final Wage:	Supervisor's Name and Title		List NO if you DO NOT wish us to contact this employer:	
Your Job Title and Duties:					Reason for Leaving:	

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Company Name:		Address:		City:	State:	Telephone:
Date of Employment:	Initial Wage:	Final Wage:	Supervisor's Name and Title		List NO if you DO NOT wish us to contact this employer:	
Your Job Title and Duties:					Reason for Leaving:	

Education:

School	Name of School	Graduated?	Major/Minor Courses Taken	Degree
High School				
College				
Graduate Work				
Trade or Business				

Job Related Skills:

List special skills or abilities you possess:

References:

Give name, address and phone number of three (3) references not related to you:

Reference Name:	Address:	City:	State:	Zip:	Telephone:
Reference Name:	Address:	City:	State:	Zip:	Telephone:
Reference Name:	Address:	City:	State:	Zip:	Telephone:

Affidavit:

Please Read Carefully:

To the best of my knowledge, I have truthfully disclosed all information asked for in this application. I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all those with whom I am acquainted - previous employers, physicians, professionals, institutions, neighbors, friends, law enforcement agencies asked to provide criminal record history in accordance with NRS 179A.000 and others - to furnish and others - to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

I also authorize a credit bureau investigation report to obtain information about my character, general reputation, personal characteristics and mode of living, which ever may be applicable. If such an investigation is made, I will have the right to make a written request for a copy of such report.

I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time at the sole discretion of the company or by me, without prior notice, with or without reason. I acknowledge that no representative of the company other than the chief executive officer can enter into any agreement to the contrary, I also understand that any employment with the company will require me to observe company rules, policies and procedures which I realize may be changed at any time without notice. I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this affidavit from any and all liability and any damage which may arise therefrom.

ATTENTION APPLICANT: This application will be kept under active consideration for no more than 90 days from the date of application as shown below.

Applicant Signature: _____

Date: _____