

# Application for Employment

**Today's Date:** \_\_\_\_\_

Name (Last, First, Middle):		Position Applying For:	
		<input type="checkbox"/> Site Coordinator	
Street Address:		City, State & Zip:	
		<input type="checkbox"/> Team Member	
Cell Phone:	Home Phone:	Email Address:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by The Adventure Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current TAC employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Do you have a valid driver's license or state ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DL# _____ State _____ Exp _____	
		<input type="checkbox"/> ID # _____ State _____ Exp _____	
How did you learn about this employment opportunity at TAC? Check all that apply:			
<input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> School/Job Bulletin Posting (School _____) <input type="checkbox"/> Ad in <i>newspaper</i> (Newspaper name _____) <input type="checkbox"/> Referral by employee (Employee's name _____) <input type="checkbox"/> Other: _____			

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

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**EXPERIENCE & ACTIVITIES:**

List all experiences that you have with supervising groups of children:


List any community activities in which you participate:


List any courses, volunteer work, hobbies, or interests that would relate to the position for which you are applying:


**PHYSICAL RECORD**

Do you have a physical condition which may limit your ability to perform the applied for job? \_\_\_\_\_

If so, in what way? \_\_\_\_\_

**WORK EXPERIENCE**

Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. **PLEASE NOTE:** The Adventure Club reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Organization Name: _____	Organization Address: _____	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____	Reason for Leaving: _____	

**WORK EXPERIENCE (Cont'd)**

Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:		Organization Address:	
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:		Organization Address:	
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

**REFERENCES (Business and Personal)**

List Name, Address, Phone number & Relationship

1.	
2.	
3.	
4.	
5.	
6.	

**SCHEDULE OF AVAILABILITY (Check all that apply)**

Days/Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings Only 6:30am - 9:00am					
Afternoons Only 2:15pm - 6:00pm					
Mornings & Afternoons 6:30am - 9:00am and 2:15pm - 6:00pm					

**GENERAL INFORMATION**

- 1) All staff must submit evidence of freedom from Tuberculosis before employment.
- 2) In compliance with the State of Indiana requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:
  - a. Been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting.
  - b. Used alcohol or drugs such that its effects are apparent during working hours that children are in care, or
  - c. Been convicted of or admitted to any felony or any offense involving moral turpitude.

I authorize investigation of all statements contained in this application. I understand that misinterpretation or omission of facts called for is cause for dismissal.

Applicant Signature: \_\_\_\_\_

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

**STATEMENT OF UNDERSTANDING**

I certify that I have not been found to have abused or neglected a child in any way nor have I been convicted or any offense(s) involving violence or inappropriate behavior with children. I understand my obligation as a childcare worker to report any suspicion of child abuse or neglect to the proper authorities.

I certify that I understand that this position does not include benefits.

An employee's first ninety days of employment are on a trial basis and considered a continuation of the employment selection process. This probationary period provides TAC opportunities to observe and evaluate your ability to satisfactorily perform the essential functions of the job, observe and evaluate work habits (including attendance) and conduct, and assess your relationships with coworkers and superiors.

I certify that I understand that I will be subject to a 90-day probationary period.

Applicant Signature: \_\_\_\_\_

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

*The Adventure Club is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.*