



Application for Employment

Today's Date: _____

Name (Last, First, Middle):		Position Applying For:	
Street Address:		<input type="checkbox"/> Site Coordinator <input type="checkbox"/> Team Member	
City, State & Zip:		Email Address:	
Cell Phone:	Home Phone:		
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.						

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: _____

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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 of 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.



ADVENTURE CLUB
COURTESY, RESPECT & ADVENTURE

Pre-Employment Release Reference

I am an applicant for the position of _____ with The Adventure Club, Inc. The Adventure Club requires a comprehensive background investigation be completed prior to an offer of employment.

The Adventure Club will inquire about all areas of my background to determine my suitability for employment. I hereby authorize any duly accredited representative of all listed prior employment to provide any information, both positive and negative, and or derogatory, concerning my prior employment. This may include, but is not limited to, salary, achievement, past job performance, attendance, personal history, and disciplinary information.

I authorize you to release such information upon request of the duly accredited representative of The Adventure Club regardless of any agreement I may have made with you previously to the contrary. I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind of nature that may at any time result to me on account of compliance or any attempts to comply with this authorization.

Applicant's Printed Name

Date

Applicant's Signature