## FORT WAYNE CENTER FOR LEARNING

**Employment Application** 

APPLICANT INFORMATION



	First		M.I.	Date	
Street Address			Apartment/l	Apartment/Unit #	
City		State		ZIP	
E-mai		ail Address			
			••		
YES 🗌 🛛	ES NO If no, are you authorized to		to work in the U.S	5.? YES 🗌 NO 🗌	
YES 🗌 🛛	10 🗌	If yes, explain			
YES 🗌 🛛	NO 🗌	What year?	What State?		
YES 🗌 🛛	NO 🗌	What year?	What State?		
YES 🗌 🛛	10 🗌	If yes, explain			
	(Optional)   YES    YES    YES    YES    YES	State     Social Security No. (Optional)     YES   NO     YES   NO     YES   NO     YES   NO	State     E-mail Address     Social Security No. (Optional)     YES   NO     YES   NO     If no, are you authorized to response to the security in the security	Apartment/U     State   ZIP     E-mail Address     Social Security No. (Optional)   Position applied for     YES   NO   If no, are you authorized to work in the U.S     YES   NO   If yes, explain     YES   NO   What year?   What State?     YES   NO   What year?   What State?	

REFERENCES				
Please list three professional references.				
Full Name	Relationship			
Company	Phone ( )			
Address				
Full Name	Relationship			
Company	Phone ( )			
Address				
Full Name	Relationship			
Company	Phone ( )			
Address				

## **DISCLAIMER AND SIGNATURE**

I affirm that I have never been convicted, or charged with and had the charges plea-bargained to a lesser offense, of any of the following offenses involving children as defined by Indiana Code: rape, criminal deviate conduct, child molesting, child exploitation, vicarious sexual gratification, child solicitation, incest, child selling, child seduction, or sexual battery.

I affirm 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.

Signature

Date