



DATE _____

APPLICATION FOR EMPLOYMENT

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

NOTICE TO APPLICANTS: In order for you to be considered for employment, **ALL** areas of the application (front and back), must be completed. In addition, **ALL** new employees will be required to undergo a criminal background screen.

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

Are you legally eligible for work in the United States? Yes No. Are you 18 years or older? Yes No.

Position applied for: _____ Referred by: _____

Do you have a valid Driver's License? Yes No. If so, list state and number _____

Have you ever applied to The Heights Center before? Yes No. If yes, which operating division and when?

Date You _____ Salary _____
Can Start: _____ Desired: _____ Phone: _____

Are you employed now? Yes No. If yes, may we contact your present employer? Yes No

Work you are available for: Full-Time Part-Time Temporary/Seasonal

What days or times are you not available to work? _____

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, languages, etc.

Have you ever been convicted of, had adjudication withheld, pled guilty or pled nolo contendere (including Pre-Trial Diversion) to any Felony or Misdemeanor, or do you currently have an Active or Pending criminal case in any jurisdiction? If your answer is yes, please explain fully? Yes No
If yes, please explain:

(Criminal background screens will be performed. Conviction will not necessarily disqualify applicant for employment.)

EDUCATION	NAME AND LOCATION OF SCHOOL	DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS (LIST BELOW LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYER		STATE
SUPERVISOR'S NAME:		PHONE:
Employed From: _____ To: _____	DESCRIBE WORK DONE:	REASON FOR LEAVING:
Salary Beginning: _____ Ending: _____		

EMPLOYER		STATE
SUPERVISOR'S NAME:		PHONE:
Employed From: _____ To: _____	DESCRIBE WORK DONE:	REASON FOR LEAVING:
Salary Beginning: _____ Ending: _____		

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	BUSINESS	PHONE	YRS ACQUAINTED
NAME:			
NAME:			
NAME:			

PLEASE READ AND SIGN STATEMENTS BELOW

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president. I understand that I will be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use.

_____ (initials)

I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal.

_____ (initials)

I understand that from time to time, my Employer, or an independent consultant may monitor my sales presentation for purposes of evaluating my performance, skills and general effectiveness. I acknowledge that such an evaluation may be done in the form of personal interviews or "mystery shopping" whereby associates of our independent consultant may pose as customers. I understand that in order to effectively perform an evaluation, any interview or shopping may be taped by use of concealed electronic audio and/or video recording devices. I also understand that these interviews may be played, watched or listened to by the person conducting the interview or shopping, or by the person making the evaluation, or by the Employer or another person. I consent to these interviews or mystery shopping and waive any claims, or demands against the Employer or independent agent.

_____ (initials)

Date: _____ Signature: _____

Position you are applying for: Lead Counselor _____ or Counselor _____

Describe your prior experience working with children in a learning environment:

Have you ever worked with youth at risk of academic failure, or who live in low-income homes? If so, what specific skills/talents were most helpful to you in doing so?

Please describe any experience you have in working in STEM (Science, Technology, Education, and Math) education, or any related experiences or trainings.

What kind of responsibilities, expectations, and stresses do you think will come with the job and being on staff?

Do you currently possess First Aid/CPR certification? Yes _____ No _____

Do you currently possess any other certifications relating to child care/camp? Yes _____ No _____

Are there any days you are unable to work during the period June 3- July 26? Yes _____ No _____

Do you fluently speak any languages other than English? If so, please describe:

What size T-shirt would you like? (Adult sizes) Small Medium Large XL XXL