The Drop-In Learning Center
Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Review (Month/Day/Year)
	How were you referred to us?

Applicant Information

Print Full Name: _____ Birth Date: _____

Address: _____
Street Apartment or Unit #

_____ _____ _____
City State Zip Code

Phone Number: _____ E-mail: _____

Date Available: _____ Social Security #: _____ Desired Salary: _____

Position Applying for: _____

Are you a Citizen of the United States? ○ Yes ○ No
If no, are you authorized to work in the U.S.? ○ Yes ○ No
If yes, when? _____

Have you ever worked for this company? ○ Yes ○ No
Have you ever been convicted of a felony? ○ Yes ○ No

If yes, explain:

Answering yes to these questions does not constitute an automatic rejection for employment. Please list date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Type of employment desired: Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ○ Yes ○ No

College: Address:

From: To: Did you graduate? ○ Yes ○ No Degree:

Other: Address:

From: To: Did you graduate? ○ Yes ○ No Degree:

Previous Employment

(begin with the most recent position)

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: Ending Salary:

Responsibilities:

From: To: Reason for leaving:

May we contact your previous supervisor for a reference? ○ Yes ○ No

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: Ending Salary:

Responsibilities:

From: To: Reason for leaving:

May we contact your previous supervisor for a reference? ○ Yes ○ No

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: Ending Salary:

Responsibilities:

From: To: Reason for leaving:

May we contact your previous supervisor for a reference? ○ Yes ○ No

References

Please list three professional references.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Please return this application and a current resume in person or by mail to:

Or email your completed application and current resume to admin@dropinlearningcenter.org.

Reona Dyess
The Drop-In Learning Center
P.O. Box 848
New London, CT 06320

I certify that my answers are true and complete to the best of my knowledge. If this leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date: