



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:

Reona Dyess
The Drop-In Learning Center
P.O. Box 848
New Lon 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: _____