



P.O. Box 908
Jacksonville, AL 36265
256-447-9349

P.O. Box 780639
Tallahassee, AL 36078
334-252-0025

P.O. Box 1306
Semmes, AL 36575
251-649-4420

Application for Employment

Name: _____ Date: _____
(Last) (First) (MI)

Social Security # ____/____/____ Driver's License # _____
Issuing State: _____

Current Address: _____

Permanent Address: _____

Primary Telephone #: ____ - ____ - _____
Secondary Phone #: ____ - ____ - _____
Email Address: _____

How did you hear about The Learning Tree, Inc.?

- www.learning-tree.org:
- Online job posting:
- Newspaper:
- Internet:
- Friend:
- Relative:
- Other: _____

Education:

High School: _____ **City:** _____ **State:** _____

Graduated?: Y N **Date:** _____ **GED?:** Y N **Date:** _____

College(s): _____ **City:** _____ **State:** _____

_____ **City:** _____ **State:** _____

_____ **City:** _____ **State:** _____

Area of Major Study in College: _____

Most Advanced Degree Earned: _____

Graduation Date: _____

Character References:

List three persons who will provide a character reference for you.

1. _____
(Name) (Telephone#) (Years Known)

2. _____
(Name) (Telephone#) (Years Known)

3. _____
(Name) (Telephone#) (Years Known)

Previous Work Experience:

List a minimum of three previous employers with the most recent employer listed first.

Employer **Address** **Phone** **Dates Worked**

1. _____

2. _____

3. _____

4. _____

Position You Are Applying For: (Please list as 1st choice, 2nd choice, etc.)

___ **Teacher's Assistant: Monday – Friday, 6:30am – 2:30pm**

___ **Residential Instructor: Monday – Friday, 2:00pm – 10:00pm**

___ **Overnight Residential Instructor: Monday – Thursday, 10:00pm – 8:00am**

___ **Residential Instructor Weekend: Saturday & Sunday, 7:00am – 9:00pm**

___ **Overnight Residential Instructor WE: Friday, Saturday, & Sunday, 9:00pm-8:00am**

___ **Other: _____**

The position(s) in which you are applying for requires you to have the ability to perform the following essential functions.

- **Lifting and lowering weight greater than 40lbs**
- **Standing from kneeling position**
- **Dropping to kneeling position from a standing position**
- **Transporting individuals in a crisis state**

Do you have the ability to perform the above mentioned essential job functions?

Yes No

Have you worked in the past with individuals with developmental disabilities?

Yes No

If so, did the individual engage in challenging behaviors?

Yes No

Have you ever worked with any individuals who engaged in self injury or aggression to others and/or property?

Yes No

Have you ever been convicted of a felony? Yes No

If Yes, for what reason? _____

Have you ever been convicted of a sexual crime? Yes No

Have you ever been convicted of child abuse or neglect? Yes No

If Yes, explain. _____

Have you ever been found “indicated” for allegations of child abuse or neglect?

Yes No

Have you ever been dismissed from a job for sexual misconduct with a client?
Yes No If Yes, explain. _____

Have you ever been convicted for a crime of violence against another person?
Yes No If Yes, explain. _____

The Learning Tree, Inc. maintains a policy of a Drug and Alcohol - Free work environment. Have you ever been suspended or dismissed from a job for the use of drugs or alcohol on the job, or being under the influence of drugs or alcohol while on the job? Yes No If Yes, explain. _____

Have you ever worked for The Learning Tree, Inc? _____
If yes when and where? _____

I hear by certify that the information contained in this application form and/or any supplement thereof, is correct to the best of my knowledge; and understand that any misstatement, misrepresentation of fact or omission of information is grounds for dismissal from employment. I authorize the references listed to provide The Learning Tree, Inc. any and all information they may have regarding my previous employment or personal qualifications; and release all parties from all liability for any damage that may result from furnishing said information to The Learning Tree, Inc. I further understand that said background check may involve checking law enforcement records at the local, county, state, and federal levels. I hear by authorize The Learning Tree, Inc. to make such an inquiry, and understand that upon my written request, information as to the nature of the inquiry will be provided to the applicant.

_____/_____/_____
Applicant Signature Date

Applicant Name (Print)

_____/_____/_____
Witness Signature Date

Witness Name (Print)



STATEMENT OF AT-WILL EMPLOYMENT

The Learning Tree, Inc. is an at-will employer. It does not hire employees for any specific duration. Employment is at-will. No commitment for employment for any specific duration, including “lifetime employment” is binding on The Learning Tree Inc. unless it is set forth in a written employment contract signed by the President of the corporation and approved by the Board of Directors. No employee or officer of the corporation can waive or alter this policy or authorize exceptions, either verbally or in writing.

All employees of The Learning Tree, Inc. are always free to terminate their employment with The Learning Tree, Inc. at their will. Similarly, The Learning Tree, Inc. has the right to terminate employment at any time, with or without cause.

The Learning- Tree Inc. is an Equal Opportunity Employer.



The Learning Tree, Inc

Release Authorization

In connection with my application for employment with The Learning Tree, Inc., I understand that an investigative report may be requested that will include information as to my character, work habits and performance, as well as the reasons for termination of past employment. I understand that as guided by the policy of The Learning Tree, Inc., the information will be requested from public and private sources about my: worker compensation injuries, driving record, criminal history, education, credentials, and references.

I understand that medical and worker compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA), and/or any other applicable state authorization, on request I will be provided the name and address of the agency or source of the information. I also acknowledge that a faxed copy or photo copy of this information shall be as valid as an original. This release is valid for all state, local, and federal agencies.

I hereby authorize any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company that is contacted by The Learning Tree, Inc., or its designated agent, to furnish the information requested.

Date: _____

Signature: _____



APPLICANT ** DO NOT WRITE ON THIS PAGE ** FOR OFFICE USE ONLY

APPLICANT CONTACT INFORMATION

Date Contact Made	Reason For Contact	Result Of Contact	Person Initiating

Checklist Of Items Needed to Begin Employment:

- 1. TB Skin Test
- 2. Drug Screening
- 3. Criminal Background Check (Lexis Nexus)
- 4. Completed Application
- 5. Completed Background Review Packet

Interview offered? Yes Date: ___/___/___ No

Conditional Employment Offered? Yes Date: ___/___/___ No

Employment Start Date: ___/___/___

Unable to extend a conditional offer of employment letter sent on: Date ___/___/___

Notes: _____
