



Special Learning Center

1115 Fairgrounds Road • Jefferson City, MO 65109
P: 573-634-3070 • F: 573-636-3247 • www.speciallearningcenter.com



APPLICATION FOR EMPLOYMENT “AN EQUAL OPPORTUNITY EMPLOYER”

DATE: _____

PERSONAL INFORMATION:

Name: _____ Social Security Number: _____

List any other name(s) you have been employed under: _____

E-mail address: _____

Current Address: _____

Home Phone: _____ Cellphone: _____ Other: _____

Time lived at this address: _____ Years _____ Months

Former Address (if moved within 5 years): _____

Referred by: _____

In case of Emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment Desired:

Position(s): _____

Dated You Can Start: _____

Have you ever applied to the SLC before? _____ (y/n) When? _____

Why are you interested in this job? _____

Do you have any skills/qualifications that you feel would help you in your SLC employment?

Do you have any physical limitations that would not allow you to lift children? _____ (y/n)

What are they? _____

Please name any relatives/friends

a. employed by the SLC: _____

b. serving on the Board of Directors: _____

c. receiving services from the SLC: _____

FORMER EMPLOYERS: List below all present and past employments, beginning with your most recent. A résumé may be substituted if it contains all the information requested.

EMPLOYER: _____

Address: _____

Period of Employment – from: _____ to _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

EMPLOYER: _____

Address: _____

Period of Employment – from: _____ to _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

EMPLOYER: _____

Address: _____

Period of Employment – from: _____ to _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

EMPLOYER: _____

Address: _____

Period of Employment – from: _____ to _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

REFERENCES: (Give below the names of three persons not related to you whom you have known for at least one year).

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EDUCATION:

School Name and Address	Course of Study	Years Attended		Circle Last Year Completed	List Diploma or Degree
		From:	To:		
				9 10 11 12 (Sr.) 13 14 15 16 17+	

Subjects of Special Study, Research Work or Volunteer Experience:

LEGAL:

Have you ever been convicted of an offense, including traffic violations, other than parking offenses? ____ (y/n). If yes, describe in full: _____

_____. Has any license, permit or privilege ever been suspended or revoked? ____ (y/n).

Driver's license held at present: _____
 State Number Type Expiration Date