

APPLICATION FOR EMPLOYMENT

Safe Harbor Learning Center, LLC
44055 Stringer Bridge Rd.
St. Amant, LA 70774
(225) 647-2229



PERSONAL INFORMATION

Full Name

Cell Phone

Preferred Name

Email

Date of Birth

Address

Driver's license number

State issued

SSN

EMPLOYMENT DESIRED

1st choice position

2nd choice position

3rd choice position

Salary desired

Employment Type ☐ Part-Time ☐ Full-Time ☐ Provisional

Date you are available to start work

Are you a U.S Citizen? ☐ Yes ☐ No

If NO, do you have a **visa**? ☐ Yes ☐ No

Visa Number

Do you know anyone who currently works here or has worked here previously? ☐ Yes ☐ No

If yes, who?

EDUCATIONAL BACKGROUND

High School	Years completed	Did you graduate?
		☐ Yes ☐ No

EDUCATIONAL BACKGROUND

COLLEGE

Course of study	College Name & Location	Years completed	Did you graduate?
			☐ Yes ☐ No

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EDUCATIONAL BACKGROUND
PROFESSIONAL OR GRADUATE SCHOOL

Course of study	College Name & Location	Years completed	Did you graudate?
			☐ Yes ☐ No

EMPLOYMENT HISTORY

Company	Position	Reason for Leaving	Year

EMPLOYMENT HISTORY

Company	Position	Reason for Leaving	Year

EMPLOYMENT HISTORY

Company	Position	Reason for Leaving	Year

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Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did?

APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Safe Harbor Learning Center, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Safe Harbor Learning Center, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owners of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that can provide for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I understand that, in connection with the routine processing of your employment application, the Company may request from a

request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, criminal, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that any employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature _____ Date: _____