

# Academy Of Young Minds Application for Employment

## About Our Company:

Thank you for your interest in applying for a job with AOYM. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivation and interests, so that we can make careful and deliberate hiring decisions that will benefit both AOYM and our employees. Please answer the following questions honestly, completely, and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or veteran status, handicap or disability.

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## PERSONAL INFORMATION

Name: \_\_\_\_\_

Last Name

First Name

Middle Initial

Address: \_\_\_\_\_

Street

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under the age of 18 years, do you have a work permit? Yes \_\_\_ No \_\_\_

If you have ever worked under another name, please identify \_\_\_\_\_

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## YOUR JOB INTERESTS

Position Desired \_\_\_\_\_ Date you can start work: \_\_\_\_\_

What starting salary or wage do you expect: \_\_\_\_/hr \_\_\_\_/wk \_\_\_\_/month

Are you available for full-time work? \_\_\_ Yes \_\_\_ No

Are you available for part-time work? \_\_\_ Yes \_\_\_ No

Are you willing to work any shift? \_\_\_ Yes \_\_\_ No

Are there any days of the week when you are not available? Please specify \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Have you ever worked for AOYM before? \_\_\_ Yes \_\_\_ No

When? \_\_\_\_\_ Who was your director? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Do you know anyone that works here? \_\_\_ Yes \_\_\_ No Who? \_\_\_\_\_

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## YOUR EDUCATION AND TRAINING

Please Circle Highest Grade Completed:

1 2 3 4 5 6 7 8  
Grade School

9 10 11 12  
High School

1 2 3 4 5  
College

1 2 3 4  
Tech/Trade

What was the last school you attended? \_\_\_\_\_

What extracurricular activities did you participate in, or special skills did you acquire at the above circled school(s) which might be helpful for the job in which you are applying? \_\_\_\_\_

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## YOUR WORK EXPERIENCE

Beginning with your present or more recent employer, describe your employment experiences below:

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you on layoff and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of supervisor \_\_\_\_\_  
Description of your work responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Will you receive a satisfactory reference from this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "No", please explain: \_\_\_\_\_

May we contact your present employer at this time?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "No" please explain: \_\_\_\_\_

2. Next previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of supervisor \_\_\_\_\_  
Description of your work responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Will you receive a satisfactory reference from this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "No", please explain: \_\_\_\_\_

3. Next previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Name and & Title of supervisor: \_\_\_\_\_  
Description of your work responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Will you receive a satisfactory reference from this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "No", please explain: \_\_\_\_\_

4. Next previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

5. Next previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL INFORMATION**

Do you have, or have you applied for the legal right to remain permanently and work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since AOYM will consider factors such as age, time of the offence, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision, as well as consider the rules and regulations of the Ohio Department of Job and Family Services in the event of a criminal conviction.

Have you ever been convicted of a crime, other than a minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, please explain: \_\_\_\_\_

Please complete this section of the job for which you are applying might require you to drive company vehicles.

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

License number and state: \_\_\_\_\_

Have you had any accidents in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

Have you been cited for any moving violations in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied, or cancelled?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

**YOUR MILITARY EXPERIENCE**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Services?

Yes \_\_\_\_\_ No \_\_\_\_\_ What branch? \_\_\_\_\_

Describe any skills you acquired in the Service which would be useful to the job for which you are applying: \_\_\_\_\_

**YOUR REFERENCES**

Completing this section is NOT optional. Ohio Department of Job and Family Services required us to contact at least three references upon hiring an employee to work with children.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

By signing below, I certify that I have read, understand and agree to each of the following statements:

All the information I have supplied on this application is true, accurate and complete, to the best of my knowledge and I have not knowingly withheld any information which, if known to AOYM, would effect my application unfavorably.

If I am hired by AOYM and AOYM discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for (90) days from the date below. If I want to be reconsidered for a job with AOYM after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with AOYM. I understand that if I am employed by AOYM, I may be required when job related and consistent with AOYM's business needs to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with AOYM, I agree to abide by all AOYM's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and AOYM. If I am hired by AOYM my employment and compensation are "at will", which means that my employment can be terminated, either by AOYM or me, with or without cause and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at will agreement. Only the President of the company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to AOYM or it's designated agents all medical information including but not limited to files, reports, X-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the company's business needs. I acknowledge that this is a general release and that if I am hired; it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the AOYM, I authorize AOYM to withhold from my wages such amounts as permitted by law to satisfy my obligation to AOYM.

I give AOYM my permission to conduct any investigation regarding the information contained in my employment application, which the company thinks is necessary to determine my qualifications for assuming a job with Academy Of Young Minds. I give the company my permission to contact any former employer, school, college, or university, utility company, credit or finance bureau or office, and personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record and I give my consent to any such source to release to the company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

