



**EMPLOYMENT APPLICATION**

**DATE:** \_\_\_\_\_

Schoenbaum Family Enrichment Center, Inc. and also doing business as (DBA) Charleston Child Care and Learning Center, is an equal employment opportunity employer. All applicants are given equal consideration regardless of race, color, religion, sex (including pregnancy and sex discrimination in payment of wages), national origin, ancestry, citizenship status, veteran status, physical or mental disability, age, marital status, sexual orientation, and genetic information.

**The Learning Center’s Hours of Operations are Monday—Friday, 7:00am—6:00pm. Paid staff meetings are held monthly after closing.**

Name: \_\_\_\_\_  
Last First Middle Home Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Cell Number \_\_\_\_\_

List any additional names which you have used which will permit us to check your work record and pre-employment checks: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Have you ever applied or worked for Schoenbaum Family Enrichment Center or the Learning Center before? \_\_\_\_ If yes, when, what position? \_\_\_\_\_

**AVAILABLE TO WORK:**

Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_

	MON	TUES	WED	THU	FRI
<b>FROM (START TIME)</b>					
<b>TO (END TIME)</b>					

**NOT AVAILABLE TO WORK:**

When my school schedule changes each semester \_\_\_\_\_

What are other times and reasons you know you would not be available to work: \_\_\_\_\_

Are you legally entitled to work in the United States? \_\_\_\_\_ If hired, can you provide documentation of eligibility? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ If no, state your age: \_\_\_\_\_

We conduct pre-employment drug screening for some positions. Are you willing to submit to a drug test? Yes \_\_\_\_ No \_\_\_\_

Do you have friends or relatives employed by Schoenbaum Family Enrichment Center (including the Learning Center)? “Relative” is a grandparent, parent, sibling, aunt, uncle, cousin, etc., by blood or by marriage, or a person with similar relationship that resides in your current household. For example your “Step-Mother” may not actually be married to your father, but lives with you and your father in your household, and is employed by SFEC.

No \_\_\_\_ Yes \_\_\_\_ If yes, please give names, work locations, and relationship (friend, or list type of relative): \_\_\_\_\_

**EDUCATION:** List the academic institution that has record of your highest completed certificate, high school diploma (equivalent), or degree:

Name of Institution: \_\_\_\_\_ Graduate Year: \_\_\_\_\_ Name of certificate, diploma or degree: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone Number \_\_\_\_\_



**EMPLOYMENT HISTORY**

Company Name and Address	From Mo./Yr.	To Mo./Yr.	Position Title Supervisor's Name	Starting Hourly Wage or Ann. Salary	Ending Hourly Wage or Ann. Salary	Reason for Leaving
1.						
2.						
3.						
4.						

Please explain all periods of unemployment:

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Reason: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Reason: \_\_\_\_\_

From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Reason: \_\_\_\_\_

**WORK-RELATED REFERENCES: PROVIDE AT LEAST 2 REFERENCES THAT YOU DIRECTLY WORKED WITH NOW OR IN PAST EMPLOYMENT (write on back of this page if needed)**

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

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

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

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

Work Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime? (Answer NO for any annulled, expunged or sealed records; minor traffic offenses; or any conviction that was pardoned, discharged, or dismissed upon condition of probation). Yes \_\_\_\_ No \_\_\_\_

If yes, provide details \_\_\_\_\_

**CERTIFICATION, CONSENT AND AUTHORIZATION:**

I have read and understood the questions asked in this application. I certify the information I have provided in form and for the Employment Application process is true, accurate, and complete. I authorize verification of all statements contain in this Application, including contacting and obtaining records from former employers, academic institutions, employment references. I hereby release Schoenbaum Family Enrichment Center, Inc. (the Organization) and all affiliated persons and entities as well as any person or institution that provides any lawful information to SFEC about me from all liability resulting from any inquiry, investigation or communication.

I agree to sign all forms necessary for the Organization to complete pre-employment screenings and background investigation checks. I agree that nothing in this application shall constitute employment with the Organization. I understand the Organization is an at-will employer which only makes an offer of employment in writing that is signed by an authorized Director of the Organization. If hired I understand my employment is at-will and may be terminated with or without cause and with or without notice by myself or by the Organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_