

Gateway Learning Academy
185 East Norwood
Memphis, Tennessee 38109



Employment Application

D.O.B. _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about this position? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you 18 years or older? YES NO

Have you ever worked for Gateway Learning Academy? YES NO If yes, when? _____

Do you have relatives employed by Gateway Learning Academy? YES NO If yes, provide name? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Background

Has anyone ever suggested that you are not appropriate to work with children?

YES NO

If yes, explain: _____

Have you ever been investigated by child protective services or any comparable entity regarding your ability to work with children?

YES NO

If yes, explain:

Have you ever been convicted of any crime (misdemeanor or felony) or had a determination related to child abuse, child neglect, and/or unlawful sexual offenses?

YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other (Graduate, Business, Technical, Secretarial, Certifications, etc.)

School/College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Child Care Experience, Education or Youth Activities and Volunteer Activities

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

This application may remain active for 90 days. If you are still interested in employment at Gateway Learning Academy, LLC, you must complete a new Application for Employment.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justified for refusal to hire, or termination of employment.

I further understand that as investigative report may be made as to character and general reputation. I authorize all past employers, school persons and organizations having relevant information or knowledge to provide it to Gateway Learning Academy, LLC, (GLA) or its duly authorized representative(s), for its use in deciding whether or not to offer me employment and specifically waive any required written notifications. I hereby release employees, schools, personas and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, GLA will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in the Employment Application or in the granting of an interview is intended to create an employment contract between GLA, and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment is "At Will" and can be terminated, with or without cause, at the option of Gateway Learning Academy or myself.

If granted a position with Gateway Learning Academy, LLC, I agree to produce documents such as high school diploma, college transcripts or other items that verify information contained in this application.

If an offer of employment is made to me, I understand that I may be required to take a physical examination at my expense if the job requires one.

By signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position by Gateway Learning Academy, LLC, I will comply with GLA employee handbook, a copy will be provided. In addition, I will be required to take appropriate coursework annually to maintain employment.

To comply with the Immigration Reform and Control Act of 1986, if you are hired, you will be required to provide documents to establish your identify and your authorized to be employed in the United States. Such documents will be required within the first (3) business days following your hire, or upon your first workday if your employment period will be less than three (3) days.

Emergency Contact: _____ Phone number: _____

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-603m C.R.S., and upon conviction thereof shalt be punished accordingly.

Signature of Applicant: _____ Date: _____

For Office/Personnel Use Only

Date Application Received:	Start Date:
Referral Source:	Degree Confirmed/Date:
Interview 1 Date:	Position Applying:
At least 3 References checked:	Salary:\$
Interview 2 Date:	SS#:
Hire Date:	Driver License # or Other: