



NEW LIFE DISCOVERY SCHOOLS, INC.
AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name		Social Security No.		
Present Address	Apt. No.	City	State	Zip Code
Permanent Address	Apt. No.	City	State	Zip Code
Are you at least 18 years old?	Home/Cell Phone:		Email:	

Desired Employment

Position	Date you can start?	Suggesting starting pay for position?
Are you employed?	If yes, may we contact current employer? () Yes () No	Ever worked for this company or applied before?
Reason for applying?	Special skills in this field.	Do you have transportation available by vehicle?

Hours Available Including Evenings

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Education

	Name and Location	No. Of Years Attended	Graduation Date	Subjects Studied
High School				
College				
College				

Total ECE Units Completed: _____

References

Name	Address	Phone No.	Years Acquainted
Name	Address	Phone No.	Years Acquainted
Name	Address	Phone No.	Years Acquainted

Please be advised:

That the law requires that we report all new hires within 20 days for possible Child Support, Levies, D.M.V. Fees, State or I.R.S. Garnishments. If this will hinder you from filling out this application, please let us know.

Please read and answer the following questions.

1. Have you been convicted of a misdemeanor or felony? () Yes () No
If NO, please initial here. _____
If YES, explain (will not necessarily exclude you from the consideration).

A Police Office/ Sheriff will escort you to be fingerprinted. Fingerprint clearance through the Department of Justice must be obtained in order to start employment with N.L.D.S.

2. Have you ever abused a child or adult? () Yes () No
3. Have you been convicted or arrested for molesting, abusing physically or psychologically a child or adult? () Yes () No
If YES, when, where, what, why and by who?

4. Do you have any objection to reporting suspected child abuse? () Yes () No
5. Have you been in any litigation with Child Support, Bankruptcy, and persons? () Yes () No
6. Do you have any experience working with ADD or Hyper Active Children? () Yes () No
7. Can you work with ADD or Hyper Active Children? () Yes () No

Employment History (Please include ALL work history for past 10 years)

1.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

2.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

3.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

4.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

5.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

6.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

7.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

8.

Employer:		Position:	Supervisor:	
Address		City	State	Zip
Phone Number	Start Date	End Date	Starting Pay	Ending Pay

Circle One: Volunteer Quit Fired Laid Off

Reason for Leaving _____

The facts set forth in this application for employment are true and complete.
 I understand that if employed, false statements on this application will be considered cause for dismissal.
**YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF
 MY PERSONAL HISTORY AND PREVIOUS EMPLOYMENT.**

Signature Date