



APPLICATION FOR EMPLOYMENT

Please PRINT CLEARLY

Please Answer All Questions. Resumes are not a substitute for a Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

SEEK EDUCATION, INC. IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEAND THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, SEEK EDUCATION, INC. OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

PERSONAL

Applicant Name _____

Position Applied For _____ (list only one)

Telephone Number () _____ - _____ Cellular Telephone Number () _____ - _____

Present Address _____
(Street, Apartment, or Unit Number) City State Zip

Email Address: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time Date on which you can start work if hired _____

Willing to work: Overtime Yes No Weekends Yes No Travel Yes No

Have you previously applied for employment the company? Yes No If yes, when and where did you apply? _____

Have you ever been employed by the company? Yes No

If yes, provide dates of employment, location and reason for separation from employment _____

Were you referred by a SEEK employee? Yes No If yes, please provide name(s) _____

SKILLS

List any foreign languages you know

_____ Read Write Speak
_____ Read Write Speak



Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduated? Y or N	# of Years Completed
High School				
College				
Graduate/Professional				
Trade or Correspondence				

EMPLOYMENT HISTORY

Please list the names present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer		
_____	_____	_____
Name	Address	Type of Business
Telephone _____	Dates Employed From _____ / _____ / _____	To _____ / _____ / _____
Job Title _____	Duties _____	
Supervisor Name _____	May we contact ___ Yes ___ No If no, why not? _____	
Reason for leaving? _____		
Employer		
_____	_____	_____
Name	Address	Type of Business
Telephone _____	Dates Employed From _____ / _____ / _____	To _____ / _____ / _____
Job Title _____	Duties _____	
Supervisor Name _____	May we contact ___ Yes ___ No If no, why not? _____	
Reason for leaving? _____		



ADDITIONAL INFORMATION

If required, will you undergo a pre-employment Department of Justice Fingerprinting? Yes No

Have you used any name other than the name you are currently using while attending school or with a previous employer? Yes No

If yes, please list name(s) you used. _____

Do you have a current valid driver's license? Yes No If yes, license No: _____ State: ____ Expiration date: _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Do you have personal automobile insurance? Yes No If no, explain: _____

Have you ever been terminated or asked to resign from any job? Yes No If yes, how many times? _____

Has your employment even been terminated by mutual agreement? Yes No If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times? _____

If you answered YES to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	EMAIL	TELEPHONE NUMBER	COMPANY

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside. _____ (initial)

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with



applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer or employment, I understand that if a pre-employment (post-offer drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. _____ (initial)

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. _____ (initial)

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. _____ (initial)

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

_____ (initial)

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____



Current Availability as of:

___/___/___

X= Unavailable

Please mark an X where you are NOT available

Availability for the next 6 months:

___/___/___ - ___/___/___

	MON	TUE	WED	THU	FRI	SAT	SUN
7:30-8 am							
8-8:30 am							
8:30-9 am							
9-9:30 am							
9:30-10 am							
10-10:30 am							
10:30-11 am							
11-11:30 am							
11:30-12 am							
12-12:30 pm							
12:30-1 pm							
1-1:30 pm							
1:30-2 pm							
2-2:30 pm							
2:30-3 pm							
3-3:30 pm							
3:30-4 pm							
4-4:30 pm							
4:30-5 pm							
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5:30-6 pm							
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6:30-7 pm							
7-7:30 pm							
7:30-8 pm							
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8:30-9 pm							
9-9:30 pm							

	MON	TUE	WED	THU	FRI	SAT	SUN
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9-9:30 pm							

NAME:
EMAIL:
Highest Level Degree Obtained (Circle One) HS Only 2yr College A.A./A.S. B.A./B.S. M.A./M.S.
ADDRESS:
CONTACT NUMBER: () -
MILES WILLING TO DRIVE:
LANGUAGES SPOKEN:

NAME:
EMAIL:
Highest Level Degree Obtained (Circle One) HS Only 2yr College A.A./A.S. B.A./B.S. M.A./M.S.
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