## APPLICATION FOR EMPLOYMENT

Little U Academy 751 Eastport Centre Drive Valparaiso, IN 46383 219-840-LIL'U (5458)

The Little U Academy is an equal Opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability.

All job offers are contingent upon the successful completion of a background process, which may include a police records check, a medical examination, and drug screening.

PLEASE TYPE OR PRINT LEGIBLY; THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. RESUME MAY BE ATTACHED, BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION.

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR:						ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☐ NO			
FULL TIME: ☐ PART TIME: │ START DATE: / / ENTER SALARY REQUIREMENTS	☐ IF PART TIME, S	CHEDULE AVA	ILABLE: M	T W TH	F	ARE YOU O	VER 21 Y	EARS OF AGE?	YES NO
PRINT YOUR FULL NAME:	(Last)		(First)	(Middle)		TELEPHON HOME: BUSINESS CELL: E-MAIL:		CT INFORMATION: ( ) - ( ) - ( ) -	х
ADDRESS:	(LdSt)		(FIISt)	(wilddie)			LIGENICE "	,	
(Number) (Street)				(Apt. No.)			DRIVER'S LICENSE#:  STATE: CLASS:  EXPIRATION DATE: / /		
(City)	(State)			(Zip Cod	(e)	RESTRICT	ONS:		
SOCIAL SECURITY NUMBER V			NGLISH DO YOU			FERMANEN	ITLY IN TH	AL RIGHT TO WOR HE UNITED STATES IZEN?	S? □YES □NO
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY BY A COURT OF LAW OR A MILTARY TRIBUNAL?						ARE YOU RELATED TO ANYONE WORKING FOR LITTLE U ACADEMY? ☐ YES ☐ NO			
□ YES □ NO						IF YES, IN WHAT POSITION IS YOUR RELATIVE EMPLOYED:			
IF YES, GIVE DETAILS BELOW. QUESTION. AND THE CONDUC					E JOB IN	NAME OF F			
DATE	CITY AND STATE			OFFENSE			PENALT	Y OR DISPOSITION	N
/ /									
EDUCATION									
CHECK HIGHEST GR			ME AND LOCATION	ON OF HIGH SCHOOL	DID YOU ( HIGH SCH YES		ROM	DO YOU HAVE A CERTIFICATE?  YES NO	GED
COLLEGE OR UNIVERSITY (TRANSCRIPS MAY BE R		ATTENDA	NCE DATES	MAJOR	•	UNITS		DEGREE RECEI	VED
OTHER JOB RELATED TRAINING	G:						-		
PROFESSIONAL LICENSES OR	CERTIFICATES:								
PROFESSIONAL MEMBERSHIPS							***************************************		
HOBBIES/ACTIVITIES:									
WHY DO YOU WANT THIS OPPO	ORTUNITY AT LITTLE	U ACADEMY?							
REMARKS:									

U.S. ARMED FORCES YES		DC OF ACTIVE DUTY	DATE OF SEPARATION F	DOM ACTIVE DUTY		RANK
BRANCH OF SERV	ICE TEA	RS OF ACTIVE DUTY	DATE OF SEPARATION F	ROW ACTIVE DUTY		KAIVK
EXPERIENCE: LIST YOUR PRE	SENT OR MOST REC	ENT JOB FIRST, CARF	FULLY ACCOUNT FOR ALL	RECENT EMPLOYMENT	(AT LEAST THE LA	AST TEN YEARS), BY GIVING
COMPLETE INF	ORMATION, YOU WIL	L IMPROVE YOUR CHA	NCES FOR EMPLOYMENT.			CH ADDITIONAL SHEETS.
MAY WE CONTACT YOUR PRES FROM: MONTH/YEAR TO:	MONTH/YEAR	TITLE OF YOUR POSI				
NAME OF EMPLOYER		DUTIES OF YOUR PO	SITION			
ADDRESS:						
NAME OF SUPERVISOR						
PHONE #: ( ) - x REASON FOR LEAVING		NO. SUPERVISED			☐ WEEK	HOURS PER WEEK
		(IF ANY)	SALARY: \$	☐ PER HOUR	MONTH	HOOKSTER WEEK
FROM: MONTH/YEAR TO: MONTH/YEAR /		TITLE OF YOUR POSI				
NAME OF EMPLOYER		DUTIES OF YOUR POS	SITION			
ADDRESS:						
NAME OF SUPERVISOR						
PHONE #: ( ) - x						
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK
FROM: MONTH/YEAR TO:	MONTH/YEAR /	TITLE OF YOUR POSI	TION			
NAME OF EMPLOYER		DUTIES OF YOUR PO	SITION			
ADDRESS:						
NAME OF SUPERVISOR						
PHONE #: ( ) - x						
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK
FROM: MONTH/YEAR TO:	MONTH/YEAR	TITLE OF YOUR POSI	TION			
NAME OF EMPLOYER		DUTIES OF YOUR POS	SITION			
ADDRESS:						
NAME OF SUPERVISOR						
PHONE #: ( ) - x						HOUSE BED WEEK
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK
FROM: MONTH/YEAR TO:	MONTH/YEAR /	TITLE OF YOUR POSI	TION			
NAME OF EMPLOYER		DUTIES OF YOUR POS	SITION			
ADDRESS:						
NAME OF SUPERVISOR						
DUONE # ( )						
PHONE #: ( ) - x REASON FOR LEAVING		NO. SUPERVISED	SALARY: \$	☐ PER HOUR	WEEK	HOURS PER WEEK
LICE THE CDACE FOR ANY ADV	OLTHONIAL INFORMATI	(IF ANY)			☐ MONTH	
USE THIS SPACE FOR ANY ADI	DITIONAL INFORMATI	ION YOU WISH TO PRO	DVIDE CONCERNING YOU	R QUALIFICATIONS FO	R THIS POSITION.	
I HEREBY CERTIFY THAT A						
UNDERSTAND THAT FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION. REMOIAL OF NAME FROM ELIGIBLE LIST OR DISMISSAL FROM POSITION.						
SIGNATURE OF APPLICANT DATE SIGNED						

IN ORDER TO COMPLY WITH FEDERAL REGULATIONS IN THE AREA OF EQUAL EMPLOYMENT OPPORTUNITY, LITTLE U ACADEMY REQUESTS THAT APPLICANTS					
PROVIDE THE FOLLOWING INFORMATION. THIS IS VOLUNTARY. THE INFORMATION WILL BE TREATED CONFIDENTIALLY AND WILL NOT RESULT IN ADVERSE					
TREATMENT OF ANY INDIVIDUAL. THIS INFORMATION MAY BE PROVIDED TO STATE AND FEDERAL REGULATORY AGENCIES.					
POSITION APPLYING FOR: LOCATION: DATE: / /					
LAST NAME: MIDDLE INITIAL:					
ADDRESS: CITY, STATE/ZIP CODE: /					
SOCIAL SECURITY NO: SEX: AGE:					
ETHNIC BACKGROUND (see below for definitions)					
☐ White ☐ Asian or Pacific Islander					
Black American Indian					
☐ Hispanic ☐ Other					
HIGH SCHOOL EDUCATION (check the highest grade completed):					
COLLEGE EDUCATION (check appropriate number):					
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ □ AA □ BA/BS □ MA/MS □ Ph.D.					
PLEASE TAKE A FEW MOMENTS TO ANSWER THE FOLLOWING QUESTION. YOUR RESPONSE WILL HELP US ASSESS HOW EFFECTIVE OUR RECRUITMENT EFFORTS WERE FOR THIS POSITION. HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?					
WERE FOR THIS POSITION. HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?					
☐ littleuacademy.com ☐ Physician's Office (List Office)					
☐ Friend/Relative ☐ Radio (List station)					
□ Co-worker □ Newspaper (List publication)					
□ College/University □ Magazine (List publication)					
☐ Chamber of Commerce ☐ Walk-in/Drive By Location					
Other Website Other					
ETHNIC/RACIAL DEFINITIONS ARE THOSE PRESCRIBED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (SEE U.S.C., TITLE 29, CHAPTER XIV, SUBPART					
1, SECTION 1602.30).					
1. The Category "White" (not of Hispanic origin): all persons having origins in any of the original people of Europe, North Africa or the Middle East.					
2. The Category "Black" (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.					
3. The Category "Hispanic": all persons of Mexican, Puerto Rican, Cuban, Central or South American, OT other Spanish culture of origin, regardless of race.					
<ol> <li>The Category "Asian or Pacific Islanders": all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or</li> <li>The Category "Pacific Islands": this area Includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</li> <li>The Category "American Indian or Alaskan Native": all persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.</li> </ol>					