

**QUALITY TIME LEARNING CENTER
APPLICATION FOR EMPLOYMENT**

Quality Time Learning Center does not discriminate in hiring for employment on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age, against persons whose age is between 40 and 70, or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. No questions on this form are intended to secure information to be used for discrimination.

Social Security No.

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Date of Application: _____

(Optional)

PERSONAL	
Last Name	First MI. Date of Birth:
Street Address	Home Telephone: () _____ -
City, State, Zip	Business Telephone: () _____ -
Have you ever applied for employment with us? Yes ___ No ___	Cell Telephone: () _____ - _____
Are you available to work from 7 a.m. to 6 p.m.? Any Shift. Yes ___ No ___	
Are you a U.S. Citizen? Yes _____ No _____	
Are you legally eligible for employment in the United States? Yes ___ No ___	Pay Expected \$ _____
Are you a U.S. Citizen? Yes _____ No _____	
Other special training or skills (languages, machine operation, etc.)	When will you be available to begin work?
Are you presently under Doctor's Care? Yes _____ No _____	
Do you have any physical handicap(s) which you feel would prevent you from performing certain kinds of work? If yes, please explain. _____	
Are you on any medication at this time? Yes _____ No _____	
Have you had any major illness(es) in the past five (5) years which you feel would prevent you from performing certain kinds of tasks? Yes _____ No _____	
Time lost in last two (2) years due to injury or illness (# of days). _____	
Are you willing to sign a one year contract? Yes _____ No _____	

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EDUCATIONAL BACKGROUND

Transcript of all completed College/University coursework should accompany this application. An official transcript (with College/University seal) will be required upon employment.

Level of Education	Name and Location of School/College/University	Course of Study	Dates Attended		Did You Graduate	Degree Received
			From	To		
High School					Yes ___ No ___	
College/University					Yes ___ No ___	
Business, Trade, Technical					Yes ___ No ___	
Continuous Education Training					Yes ___ No ___	

List transportation you will use to get to work:

Please indicate the type of work you desire and feel you are most qualified to perform:

Office/Clerical School/Maintenance
 Sales & Marketing Accounting Clerk Teacher
 Teacher's Asst. Administrative Asst. Janitor
 Director

Full-Time Part-Time

EMPLOYMENT

Please give accurate complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed – (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

EMPLOYMENT

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Company Name	Telephone ()
Address	Employed – (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed – (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed – (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ - Last _____
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed – (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Marital Status: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____
Have you ever been bonded? Yes _____ No _____ If “Yes”, with what employer(s)?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and

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summary offenses, which has not been annulled, expunged or sealed by a court?

Yes ___ No _____. If yes, please explain.

Are you over 18 years of age? Yes _____ No _____

If not, employment is subject to verification of age.

State names of relatives and friends working for us, other than your spouse.

REFERENCES

NAME	ADDRESS	JOB TITLE	TELEPHONE #
1.			
2.			
3.			
4.			

The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that my application will be held in QTLC's file for 30 days. My application will remain active if I submit a written statement indicating my continued interest by the end of 30 days. By indicating my continued interest, my application remains in the active file for 30 days beyond the date of my written statement in which I have indicated continued interest. I understand that this procedure may be repeated as long as I am interested in employment with QTLC if the company does not receive a written statement indicating my continued interest at least by the end of 30 days. I understand that my application will be placed in the inactive file. I authorize an investigation of all statements and information contained within this application, and I understand that any false statements in this application, and/or deliberate omissions on this application will stand as cause for my denial of employment or discharge if I am employed by Quality Time Learning Center.

_____ Date

_____ Signature

OFFICE USE ONLY

Try Out Date: _____

Hire Date: _____

Salary: _____

Position Offered: _____

Full/Part-Time: _____

Room Assigned: _____

Probation Period (6 months): From: _____ To: _____

Comments:
