



Learners to Leaders Academy Employment Application
Cranston, Rhode Island

Personal Information		
First Name:	Middle:	Last Name:
Address: _____		
City: _____ State: _____ ZIP: _____		
Phone: _____ Email: _____		

Position Information and Availability	
Position Applying For: <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Float Teacher Assistant <input type="checkbox"/> Open to any role available	Preferred Campus <input type="checkbox"/> Western Cranston <input type="checkbox"/> Candy Cane <input type="checkbox"/> Either How did you hear about us? _____
Earliest Start Date: ____ / ____ / ____	
Desired Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute/On-Call	
Shifts you can regularly work (check all that apply): <input type="checkbox"/> 7-3 <input type="checkbox"/> 7-4 <input type="checkbox"/> 8-4 <input type="checkbox"/> 8:30-5:30 <input type="checkbox"/> 9-5:30 <input type="checkbox"/> Other: _____	
Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	

Legal	
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever discharged by any company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of company(ies):	
Reason for discharge:	
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Learners to Leaders Academy Employment Application
Cranston, Rhode Island

Employment History (Most Recent First)	
Employer 1:	
Address	
Job Title:	
From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	

Employment History (Most Recent First)	
Employer 2:	
Address	
Job Title:	
From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	

Employment History (Most Recent First)	
Employer 3:	
Address	
Job Title:	
From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	



Learners to Leaders Academy Employment Application
Cranston, Rhode Island

References

Please provide 3 professional references. (Do not list relatives)

Name:	Address	Title	Phone No.	Years Known

Disclaimer and Applicant Signature

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination of employment. I understand that I am required to abide by all rules and regulations of Learners to Leaders Academy and the Department of Health.

I understand and agree that if employed, employment will be "at will". That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

I certify the information provided is true and complete. I authorize verification of employment and references.

Signature: _____ **Date:** ____ / ____ / ____