

# Application for Employment

## PERSONAL HISTORY

		Position Applied For:	Box #	
Name (Last, First, MI)		Provide Any Other Names Used		
Street Address	City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address	
<b>Social Security Number</b> (Last Four Digits Only) XXX - XX -		<b>Are you legally authorized to work in the United States?</b> No sponsorship is available for positions with SLS Teach.		Yes    No
<b>Are you over 18 years old?</b>	<b>Do you have a driver's license?</b>	State	License #	
Yes    No	Yes    No			
<b>How did you hear about our vacancy?</b>				
LinkedIn	Indeed	SLS Website	Other	
<b>Have you ever worked for SLS Teach?</b>	Yes	No		
If so, dates: From:	To:			
<b>Have you ever worked for another English language camp?</b>		Yes	No	
If so, company:	From:		To:	

Answer the following questions by checking either "Yes" or "No." If you answer "Yes" to any of the following questions, provide details in the space provided (attach additional sheets as necessary.) A "Yes" answer to any of these questions does not represent an automatic bar to employment. Each application for employment is evaluated on its individual merits and against the duties, responsibilities and qualifications of the position being filled. However, your failure to respond to these questions may result in your removal from further consideration for employment.

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Have you ever been discharged or dismissed from any public or private employment for reasons other than lack of work or lack of funds? |
| Yes | No | 2. Have you ever resigned from any position rather than face dismissal or disciplinary charges?   |
| Yes | No | 3. Have you ever been convicted of a crime (felony or misdemeanor)?**   |
| Yes | No | 4. Are any criminal charges currently pending against you?  |

### \*DETAILS:

\*You should answer "No" if one of the following conditions apply:

- Your conviction was sealed by a court, or
- The criminal action or proceeding was terminated in your favor or you received an adjournment in contemplation of dismissal and the adjournment period has lapsed, or
- The procedure on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to a family court of competent jurisdiction, or
- After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn or the completion of the program resulted in a dismissal of all charges by the court.

**Failure to disclose a prior conviction that does not meet the above criteria may result in denial of employment or if chosen for the position, subsequent termination based on falsification of the application for employment.**

#### An Equal Opportunity Employer

SLS Teach and Federal Law prohibit discrimination on the basis of race, creed, color, national origin, religion, age, sex, military, marital status, familial status, domestic violence victim status, carrier status, disability, genetic predisposition, sexual orientation and criminal record.

For the purposes of reviewing your employment application, do you have any relatives by blood or marriage, or members of your household currently employed by SLS Teach, LLC or Strategy Learning Solutions? If yes, please identify employee(s) and relationship.

Yes No

**EDUCATION** (Must be filled out completely. Resumes will not be accepted in lieu of completing this section. Applicants may be required to provide proof of diploma and/or degrees claimed.)

Name of School and Location	Attended		Credit Hours Completed	Did You Graduate?	Major Subject	Degree Received
	From (mm/yyyy)	To (mm/yyyy)				
High School or Equivalency						
College, University, or Technical School						
Graduate or Professional School						
Other Schools or Special Courses						

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Professional Licenses/Certifications	Permanent or Provisional	Certificate or License #	Name of Issuing Agency or State	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

(For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required.)

**WORK EXPERIENCE (Must be filled out completely. Resumes will not be accepted in lieu of completing this section. If extra space is needed, please attach additional sheets.)**

Name, Telephone Number of Employer                      Address of Employer                      From (mm/yyyy)                      To (mm/yyyy)

Supervisor:  
Title & Duties

Name, Telephone Number of Employer                      Address of Employer                      From (mm/yyyy)                      To (mm/yyyy)

Supervisor:  
Title & Duties

Name, Telephone Number of Employer                      Address of Employer                      From (mm/yyyy)                      To (mm/yyyy)

Supervisor:  
Title & Duties

**REFERENCES**

It is the policy of SLS Teach to obtain at least one supervisory reference. A current or previous supervisor should be listed below. Please check the associated check box if you give permission for SLS Teach to contact your references if you are the selected candidate.

**Required:**

Current or previous supervisor	Telephone Number	OK to contact this reference?
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Supervisor, professional or personal Name	Telephone Number	Type of Reference (i.e. Professional, Personal, Supervisor, etc.)
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**Optional:**

Additional Supervisor, professional or personal reference Name	Telephone Number	Type of Reference
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**DUAL EMPLOYMENT**

If offered a position with SLS Teach, will you maintain employment elsewhere? If yes, please identify other position(s), including self-employment.

Name of Organization:

Address:

Title of Position:

Dates From:

To:

**AFFIRMATION**

I affirm that all statements made on this form, including any accompanying papers, are true, accurate and complete to the best of my knowledge under penalty of perjury. I further authorize investigation of said statements. Verification of information may be required prior to appointment. I understand that any false, incomplete or misleading statements made on this form or accompanying papers may nullify my appointment or lead to my termination.

If signing electronically, please read the following statement and check the box below:

I agree, and it is my intent, to electronically sign this document by typing my name below. By submitting this e-document to SLS Teach, LLC in this way, I understand that my e-signing and submitting is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document.

**Print Name**

**Signature**

**Date**

**AUTHORIZATION**

I hereby authorize SLS Teach, LLC to investigate references from my previous or current employers. I further authorize any former employer, military records center, and any former school, college, university, or organization to provide SLS Teach, LLC any and all information including, but not limited to, information as to my character, work habits, work performance and education, qualifications, and fitness for the position, thereby releasing and discharging said institutions from any claims, liabilities or damages whatsoever incurred in furnishing such information.

If signing electronically, please read the following statement and check the box below:

I agree, and it is my intent, to electronically sign this document by typing my name below. By submitting this e-document to SLS Teach, LLC in this way, I understand that my e-signing and submitting is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document.

**Print Name**

**Signature**

**Date**