

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS:

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex/gender, gender identity/gender expression, sexual orientation, national origin, ancestry, citizenship status, age, disability status, military/veteran status, marital status or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields. (PLEASE PRINT)

Position(s) applied for:	Date of application:
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How did you learn about us?

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement _____
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Email Address
Address		City	State Zip Code
Mobile Number	Home Number	Social Security Number \ \	

Do you possess a valid driver's license? Yes No
 If yes, **must provide state:** and **number:**

1. Best time to contact you is: _____: _____ a.m. or p.m.
2. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
3. Have you ever filed an application with us or been employed with us before? Yes No
 If yes, give date _____
4. Do any of your friends or relatives, other than spouse work here? Yes No
5. Are you currently employed? Yes No
6. May we contact your present employer? Yes No
7. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.
8. Date available to start? _____ What is your desired salary range? _____
9. Are you available for work: Full-time Part-time Other: _____
10. Are you currently on "lay-off" status and subject to recall? Yes No
11. Have you ever been terminated from employment or asked to resign by an employer? Yes No
12. **NOTE: Finalists must complete a livescan for the Department of Justice fingerprints clearance, provide (TB) tuberculosis (skin or xray) clearance results that have been done within last 60 days and provide proof of high school diploma or equivalent per the California Department of Education and contracted school districts.**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name and Location of School	Subject Studied/Major	No. of Years Attended	Diploma/Degree Received
High School				
Undergraduate School				
Graduate/ Professional				
Trade/Other (Please specify)				

Work Experience

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent (or present job) and working backwards in time. Incomplete information could disqualify you from further consideration. Include any jobs-related military serviced assignment and volunteer activities. **DO NOT REFERENCE A RESUME.**

	Dates Employed	Describe work performed
Employer	From / to	
Address		
Telephone number(s)		
Starting/present job title		
Immediate Supervisor/Title		
Reason for leaving:		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Dates Employed	Describe work performed
Employer	From / to	
Address		
Telephone number(s)		
Starting/Present job title		
Immediate Supervisor/ Title		
Reason for leaving		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Dates Employed	Describe work performed
Employer	From / to	
Address		
Telephone number(s)		
Starting/Present job title		
Immediate Supervisor/Title		
Reason for leaving		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Dates Employed	Describe work performed
Employer	From / to	
Address		
Telephone number(s)		
Starting/Present job title		
Immediate Supervisor/ Title		
Reason for leaving		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Please include explanation of any gaps in employment.

Describe specialized training, apprenticeship, skills and extra-curricular activities.

Describe job related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Specialized Skills (Skills/Equipment operated)

___ Office Suites (Microsoft Office, G Suite) ___ Operating Systems: Windows PC/MacOS
___ Presentation Software (PowerPoint, Keynote) ___ Spreadsheets (Excel, Google Spreadsheet, etc)
___ Communication/Collaboration (Teams, Zoom, Skype, etc)
___ Type WPM _____
___ Social Media (Twitter, LinkedIn, Facebook, Instagram, SnapChat, TikTok)
___ Other (Photoshop, Other, etc) _____

Please state any additional information or job-related skills/qualifications acquired from previous employment or other experience you feel may be helpful to us in considering your application.

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation had been given. Yes No

References: Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone number(s)	Email Best	Company/Occupation	Years Acquainted
1.				
2.				
3.				

Application Statement:

Please read entire application statement before signing.

The Switzer Learning Center is an equal opportunity employer. The Switzer Learning Center does not discriminate in employment on account of race, color, religion, sex/gender, gender identity/gender expression, sexual orientation, national origin, ancestry, citizenship status, age, disability status, military/veteran status, marital status or any other characteristic protected by law. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Switzer Learning Center to hire me. If I am hired, I understand that either the Switzer Learning Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Switzer Learning Center has the authority to make any assurance to the contrary. I attest with my signature below that I have given to the Switzer Learning Center true and complete information on this application. No requested information has been concealed. I authorize Switzer Learning Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this point period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorize executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am requiring abiding by all rules and regulations of the employer. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons or organizations for furnishing such information. The Switzer Learning Center has a Zero (0) tolerance for drugs and alcohol. We reserve the right to drug screen all applicants.

Applicant's Name

Applicant's Signature

_____/_____/_____
Date Completed

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by The Switzer Learning Center the information described below is required to assist in making an employment advance determination concerning me and that execution of this form is voluntary.

The Source: Personnel Information Service

3035 Kashiwa St., Suite 101 Torrance, CA 90506

Phone: 800-700-7029 E-Mail: CustomerService@thesource.bz Web: www.employment-screening.com

Employment Screening Release Form

In connection with my application with the prospective (current) employer listed below (The Switzer Learning Center), I understand that background information verifications may be conducted for the permissible purpose of Employment Screening by The Source on The Switzer Learning Center's behalf that may include information as to your character, general reputation, personal characteristics and mode of living. I understand that these verifications may include Consumer Credit Reports specifically designed for employment purposes, criminal history, civil cases in which I have been a principal, driving records, previous employment history (including salary), educational history (including Grade Point Average), OIG (office of the Inspector General) Exclusions, SAM (System for Awards Management) Exclusions and/or Professional Licensing. I further understand that The Source may contact any current or previous employer, references, schools, government agencies or other entities for the purpose of verifying the information I have provided on my employment application

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice, to receive a written disclosure of the nature and scope of any investigation.

If an investigative consumer report is obtained and an adverse decision is made affecting your employment, The Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a written summary of your rights under the Fair Credit Reporting Act.

- I would like a copy of my report to be provided to me by The Switzer Learning Center
- I acknowledge receipt of the "Notice Regarding Background Investigation Pursuant to California Law" (CA applicants and employees)
- I acknowledge receipt of the Fair Chance Ordinance (San Francisco Police Code Article 49) (San Francisco City and County Applicants and Employees)

I hereby authorize any party or agency contacted by The Source on behalf of the prospective (current) employer listed below to furnish the above mentioned information. I have read this entire document, and I understand that by signing I am giving my permission to perform this background verification.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of the file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Identifying Information Please Print Clearly!

Name _____

AKA/Maiden Name _____ Daytime Phone _____

Social Security No. _____ Date of Birth _____ Email _____

Driver's License No. _____ State Issued _____

Current Address, City, State & Zip _____

Applicant's Signature Date _____ Date _____