

Linworth Children's Center
 7070 Bent Tree Blvd.
 Columbus, OH 43235
 Phone 614.336.9559
 Fax 614.336.8486

Application for Employment

Linworth Children's Center is an Equal Opportunity Employer

(Resume may not be submitted in lieu of completing this application.)
PLEASE PRINT

Last Name	First Name	Middle Name
Street Address	City	State ZIP Code
County	Phone/Cell	Email address

Position applying for:	Desired Salary Range:
How did you learn about us?	
Date of application:	Date available for work:

<input type="checkbox"/>	<input type="checkbox"/>	If you are under 18 years of age, can you provide required proof of your eligibility to work?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever interviewed with us? If yes, please give date and position _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed with us? If yes, please give dates and position held _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently subject to a non-compete or non-solicitation agreement with a former employer? If yes, please provide a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Are you presently authorized to work in this country for us under current U.S. immigration laws? Proof of employment authorization is required upon employment.
<input type="checkbox"/>	<input type="checkbox"/>	Are you available to work (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Days _____ Hours _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on "lay-off" status and subject to recall?
<input type="checkbox"/>	<input type="checkbox"/>	Were you referred by a current employee of Linworth Children's Center If yes, please give name/relationship _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime, except a minor traffic offense involving a fine of less than \$250? If yes, please explain _____
Conviction will not necessarily disqualify an applicant from employment. Each case will be reviewed separately. All offers of employment are subject to criminal background results satisfactory to Linworth Children's Center.		

Employment Experience

Start with your present or most recent job. Please provide complete employment history information for at least the previous 15 years. Please note if you worked under a different name than that listed on the front of this application.

Employer/Company Name	Your Job Title	Name of Supervisor
Type of Business	Start Date	End Date
Address	Number of Hours Worked/Week	Wage/Salary
City State ZIP	Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving:	
Supervisor's phone number / contact information		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Duties: Please Describe Your Primary Responsibilities

Employer/Company Name	Your Job Title	Name of Supervisor
Type of Business	Start Date	End Date
Address	Number of Hours Worked/Week	Wage/Salary
City State ZIP	Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving:	
Supervisor's phone number / contact information		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Duties: Please Describe Your Primary Responsibilities

Employer/Company Name	Your Job Title	Name of Supervisor
Type of Business	Start Date	End Date
Address	Number of Hours Worked/Week	Wage/Salary
City State ZIP	Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving:	
Supervisor's phone number / contact information		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Duties: Please Describe Your Primary Responsibilities

If you need additional space, please continue on a separate sheet of paper.

Applicant Name: _____

Date: _____

Employment Experience—Continued

Please provide complete employment history information for at least the previous 15 years. Please note if you worked under a different name than that listed on the front of this application.

Employer/Company Name		Your Job Title	Name of Supervisor
Type of Business		Start Date	End Date
Address		Number of Hours Worked/Week	Wage/Salary
City	State	ZIP	Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving:
Supervisor's phone number / contact information			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Duties: Please Describe Your Primary Responsibilities

Employer/Company Name		Your Job Title	Name of Supervisor
Type of Business		Start Date	End Date
Address		Number of Hours Worked/Week	Wage/Salary
City	State	ZIP	Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving:
Supervisor's phone number / contact information			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Duties: Please Describe Your Primary Responsibilities

Work or Volunteer Experience—Please describe your past work or volunteer experiences and how they would help you in the position for which you are applying. Also describe any specific skills you have related to the position for which you are applying.

Applicant Name: _____

Date: _____

Education

Years Completed Diploma/Degree

High School

Undergraduate Studies

Graduate/Professional

Philosophy

Linworth Children’s Center is a Ministry of Linworth United Methodist Church and has a Christian based philosophy. Please share with us the following:

Your church involvement and affiliation _____

Example of how your Christian witness would be visible to the children, staff and families:

Professional References

(Co-workers, Peers, Supervisors; please do not include relatives.)

Name	Phone	Relationship/Years Known
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Applicant Name: _____

Date: _____

Applicant's Statement
READ CAREFULLY BEFORE SIGNING

1) I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, incomplete, false or misleading statements on this application may result in dismissal at any time during my employment.

2) I authorize investigation of all statements contained herein, and I authorize the references listed to give Linworth Children's Center any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to Linworth Children's Center.

3) I agree that if I accept an offer of employment from Linworth Children's Center, that the following terms apply to my employment:

- (a) My employment term is at-will, which means that either Linworth Children's Center or I can terminate my employment at any time without reason, and that nothing in the Employee Handbook or Linworth Children's Center's discretionary use of discipline or any oral statement can alter my at-will status. No employee, manager, or supervisor, has any authority to make an agreement to alter my at-will status except the Executive Director who may do so only in writing;
- (b) Linworth Children's Center may alter my compensation, company provided benefits and its policies and procedures (other than my at-will status which may only be altered as described in (a)) at any time for any reason and that the identification of an "annual" salary neither alters my at-will status, nor Linworth Children's Center's right to alter my compensation;
- (c) I specifically authorize Linworth Children's Center to deduct from any money owed me any money I owe Linworth Children's Center due to theft, damage to or failure to return Linworth Children's Center provided equipment; failure to comply with the terms of any agreement; recoupment of any compensation erroneously paid me; recoupment of any vacation or sick leave advanced to and taken by me which exceeds amounts to which I was entitled under Linworth Children's Center's policies;
- (d) I agree that any offer of employment is conditioned upon my completion of criminal background results satisfactory to Linworth Children's Center, and I agree to cooperate in its administration; and
- (e) I agree that I have no right to be paid out any accrued but unused sick time upon termination no matter the reason.

4) If I become employed by Linworth Children's Center and subsequently this employment relationship should end, I hereby give my permission for Linworth Children's Center to respond to inquiries regarding my job performance with Linworth Children's Center. I waive any right to preview this information, and release Linworth Children's Center from all liability for reporting my past job performance.

5) I agree that any claim or lawsuit relating to my employment with Linworth Children's Center or any of its affiliates must be filed no more than six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____

Date _____

Applicant Name: _____

Date: _____