



MALLARD CREEK LEARNING CENTER
"Where Children Learn, Grow, & Play"

8765 Browne Road, Charlotte, NC 28269

Tel: 704-948-2046 Fax: 704-948-2047

jwilliams@mallardcreekcenter.com

					DATE		
LAST NAME			FIRST NAME			MIDDLE INITIAL	
PRESENT ADDRESS				CITY		STATE	ZIP
HOME PHONE	BUSINESS PHONE	BEST TIME TO REACH YOU	PERSON WE MAY CONTACT IF YOU ARE UNAVAILABLE		PHONE		
TYPE OF POSITIONS PREFERRED							
FULL TIME			PART TIME			PRN	
HOURS PREFERRED			SALARY EXPECTATIONS				
DATE AVAILABLE FOR EMPLOYMENT			REFERRED BY				

PLEASE READ BEFORE SIGNING

In the event of employment to a position with M.C.L.C., I will complete with corporate rules and regulations.

This application will be given consideration, but does not imply that the applicant will be employed.

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any material omission or misinformation given on this application is grounds for immediate dismissal.

I understand that during the first ninety (90) days of employment, either I, or my supervisor, can terminate my employment without prejudice to either party.

A criminal background and DMV check will be requested if you are considered for hire beyond and application process. Any convictions or arrest for acts of dishonesty or breach of trust may prohibit employment. Once employed, further checks may be conducted and could lead to disciplinary action up to and including termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE SAME.

Signature

Date



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EMPLOYMENT RECORD

List first the most recently held position.

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				

NAME OF COMPANY				STREET		CITY	STATE	ZIP
FROM		TO		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				



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PREVIOUS ADDRESS

List previous place(s) of residence during the past five (5) years.

STREET ADDRESS	CITY	STATE	FROM (DATE)	TO (DATE)

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	MAJOR COURSE OF STUDY	COMPLETED	IF GRADUATED, WHAT YEAR	TYPE OF DEGREE
			1 2 3 4		
			1 2 3 4		
			1 2 3 4		
			1 2 3 4		
LIST HUMAN SERVICES COURSE TAKEN:			LIST FOREIGN LANGUAGE COURSES TAKEN:		

GENERAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY MCLC? YES NO		IF YES, WHEN:		WHERE:
ARE YOU RELATED TO ANY EMPLOYEE(S) OF MCLC? YES NO		RELATIONSHIP:		WHOM:
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO		ARE YOU OVER THE AGE OF 18? YES NO		
ARE YOU A CITIZEN OF THE USA? YES NO	IF YOU ARE NOT A CITIZEN OF THE UNITED STATES OF AMERICA, DO YOU HAVE A WORK PERMIT? YES NO			TYPE OF VISA
PLEASE CHECK IF YOU ARE WILLING TO WORK:	SATURDAY SUNDAY HOLIDAYS OVERTIME SHIFT WORK SPLIT SHIFT ROTATING SHIFT			
HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF A CRIMINAL OR TRAFFIC VIOLATION (INCLUDING, BUT LIMITED TO, ISSUING A WORTHLESS CHECK, ROBBERY, FRAUD, EMBEZZLEMENT, FORGERY, PERJURY, TAX EVASION, SPEEDING TICKET, MOVING VIOLATION, ETC.?) YES NO				
IF YES, GIVE DATE(S) AND TYPE OF OFFENSE				



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REFERENCE DATA

Please list two professional and two personal references who you are not related to

REFERENCE #1			
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	

REFERENCE #2			
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	

REFERENCE #3			
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	

REFERENCE #4			
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	



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AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, person characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others.

I understand I have a right to make a written request within a reasonable amount of time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations name in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post- employment drug screen as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

NAME

DATE

This application for employment will remain active for six months.