



Little Leap Learning Center

Application for Employment

This application will only be considered current for 60 calendar days after it is submitted. Should you wish to be considered for employment after the expiration of this period, you must submit a new application.

Please include a current resumé with your application.

Contact Information:

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Email _____

Position Information:

Are you 18 years of age or older? Yes No

Position(s) you are applying for _____

Salary Requirements _____ Seeking? Full-time Part-time

Desired Start Date: ____ / ____ / ____ Do you have schedule limitations? Yes No

If you have scheduling limitations, please describe _____

Education Information:

High School _____ Diploma or GED? Yes No

College _____ Degree? Yes No

Major/field of study _____ Minor _____

Highest educational level completed/degree earned _____

References:

Name _____ Relationship to you _____

Company/Organization _____ Job title _____

Phone _____ Work Phone _____ Email _____

Name _____ Relationship to you _____

Company/Organization _____ Job title _____

Phone _____ Work Phone _____ Email _____

Name _____ Relationship to you _____

Company/Organization _____ Job title _____

Phone _____ Work Phone _____ Email _____

Applicant Signature _____ Date: ____ / ____ / ____