



1619 W. Luthy Drive - Peoria, IL 61615  
(309)427-5090 Fax# (309)699-2661  
Toll Free (800)716-6161

# Application For Employment

You are not required by law to answer any question(s) which you feel may violate federal, state, and/or local law or which you feel is not related to the position for which you are applying.

## AN EQUAL OPPORTUNITY EMPLOYER

### General Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Citizenship: \_\_\_\_\_ All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U. S.

Driver's License Number & State of Issue: \_\_\_\_\_

**Drug Testing:** As part of our commitment to provide a safe, healthy and drug-free environment for our employees and children, Rogy's may test employees periodically for illegal drug use. Rogy's will randomly select employees from time to time. If drug use is detected immediate termination will occur.

I have read and understand the above statement: **Signature** \_\_\_\_\_

### Position(s) Applied For:

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Scheduling will take into consideration individual needs and preferences whenever possible. However, all employees must realize that due to the nature of our business, all employees must be available to work varied schedules.

Are you willing to work split days? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work early mornings? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Employment Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_ Summer \_\_\_\_\_

Salary Required: Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Experience**

Schooling	Name & Address of School	Course of Study	Did you graduate?	Diploma or Degree
High School				
College or Univ.				
Other (specify)				

**Job Experience**

Show actual experience by checking the following.

Child Care     
  Cooking     
  Office Experience     
  Public Relations  
 Supervisor     
  Volunteer Work     
  Housekeeping

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Are you 18-22 years of age?    Yes    No     
 Are you 23 years of age or older?    Yes    No

**Employment History Information**

Have you ever worked for us?    Yes    No     
 If so, when? \_\_\_\_\_  
 Child Care Center Location \_\_\_\_\_     
 Reason for leaving \_\_\_\_\_

**List below all present and past employment beginning with your most recent. All sections must be completed.**

**Current/Last Employer**

Name & Address of Company: \_\_\_\_\_  
 \_\_\_\_\_     
 From: \_\_\_\_\_     
 To: \_\_\_\_\_

Position Title	Supervisor	Telephone Number	Starting Salary _____
			Current/Ending Salary _____

Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?    Yes    No

**Previous Employer**

Name & Address of Company: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title	Supervisor	Telephone Number	Starting Salary _____ Current/Ending Salary _____
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Type of Business: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?    \_\_\_ Yes    \_\_\_ No

**Previous Employer**

Name & Address of Company: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title	Supervisor	Telephone Number	Starting Salary _____ Current/Ending Salary _____
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Type of Business: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?    \_\_\_ Yes    \_\_\_ No

**Previous Employer**

Name & Address of Company: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title	Supervisor	Telephone Number	Starting Salary _____ Current/Ending Salary _____
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Type of Business: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?    \_\_\_ Yes    \_\_\_ No

**Additional Information**

Have you ever been refused a bond or had one canceled? \_\_\_\_ Yes \_\_\_\_ No If yes, why? \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes, why? \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check?  
 If yes, explain why? \_\_\_\_\_

<b>Military Information</b>	<u>Service Branch:</u>	<u>Date Discharged:</u>	<u>Final Rank:</u>
Are you a veteran? _____			

**Personal References: Do not include family members!! You must include 3 references.**

Name	Telephone number w/ area code	Relationship to reference
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have a relative working for us? \_\_\_\_ Yes \_\_\_\_ No If yes, who & what relationship? \_\_\_\_\_

**Please describe any other information you feel is pertinent to your employment.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pre-Employment Statement (Read Carefully)**

I certify that all information supplied in this application, and my attached resume, is true and correct. I understand that, because Rogy’s Learning Place (“the Company”) will rely on this application in making its employment decision, any false or misleading information furnished by me regarding this application will result in the rejection of this application or termination if employed by the Company.

In consideration of my employment, I agree to conform to the rules and regulations of the Company, and further agree that my employment and compensation are at the will of the Company and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand and agree that these terms can only be modified by an Officer of the Company in writing. No supervisor, representative, agent, or employee of the Company has now or has had in the past any authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of the Company either written or oral, modify the above terms.

I understand that random drug testing may be possible and that I may be randomly selected.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release (Read Carefully)**

I hereby authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former employers, all credit bureaus, all court systems, and all of their representatives to furnish to Rogy’s Learning Place or its representatives any and all information concerning my education, military service, former and current employment, credit history, motor vehicle record, and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said institutions, services, employers, bureaus, courts, and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including Rogy’s Learning Place, as a result of their furnishing information to Rogy’s Learning Place.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_