



InSpiredCare Learning Center LLC.  
**Application For Employment**

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

**Personal Information**

Name

Address	City	State	Zip
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Phone Number	Mobile Number	Email Address
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes  No

**Position**

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time       Part Time       Seasonal/Temporary

**Shift Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

**Education**

School Name	Location	Years Attended	Degree Received	Major

**References**

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I consent to InSpiredCare Learning Center LLC. conducting background checks, verifying references, and performing drug tests as part of the hiring process.

Name (Please Print)	Signature
Date	