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# Gorman Learning Center Employment Application

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Gorman Learning Center is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, veteran status, political belief or disability that does not prohibit performance of essential job functions or any other basis prohibited by federal or applicable state or local law.

## Please Print

\_\_\_\_\_ Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

### Present Address

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ StateZip \_\_\_\_\_ - \_\_\_\_\_

### Permanent Address (if different from present address)

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ StateZip \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Home Phone

## Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? .....  Yes  No

Regular part-time work?.....  Yes  No

Temporary work, e.g., summer or holiday work? .....  Yes  No

What days and hours are you available

for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? ..... \_\_\_/\_\_\_/\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Gorman Learning Center before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Gorman? .....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at Gorman Learning Center?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed)..  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No



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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? .....  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? .....  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_ - \_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_ - \_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_ - \_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_ - \_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

**Employment History, continued**

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Name of Employer \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No.

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Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

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Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No.

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Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

---

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

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Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No.

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Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

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Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.



**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Gorman Learning Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Gorman Learning Center designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Gorman Learning Center, I am entitled to copies of any such public records obtained by Gorman Learning Center unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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# Equal Employment Opportunity Data

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Application Date \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex:     Male     Female

Race/Ethnicity:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Filipino                      |
| <input type="checkbox"/> Chinese                 | <input type="checkbox"/> Other Asian           | <input type="checkbox"/> Hispanic or Latino            |
| <input type="checkbox"/> Japanese                | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> African Amer. not Hisp. orig. |
| <input type="checkbox"/> Korean                  | <input type="checkbox"/> Guamanian             | <input type="checkbox"/> White not Hispanic origin     |
| <input type="checkbox"/> Vietnamese              | <input type="checkbox"/> Samoan                | <input type="checkbox"/> Other/Declined to state       |
| <input type="checkbox"/> Asian Indian            | <input type="checkbox"/> Tahitian              |  |
| <input type="checkbox"/> Laotian                 | <input type="checkbox"/> Othr Pacific Islander |  |

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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To be completed by employer:

- EEO-1 Category:
- |  |   |
|--|---|
| <input type="checkbox"/> 1. Officials and managers | <input type="checkbox"/> 6. Crafts - skilled          |
| <input type="checkbox"/> 2. Professionals          | <input type="checkbox"/> 7. Operatives - semi-skilled |
| <input type="checkbox"/> 3. Technicians            | <input type="checkbox"/> 8. Laborers - unskilled      |
| <input type="checkbox"/> 4. Sales                  | <input type="checkbox"/> 9. Service workers           |
| <input type="checkbox"/> 5. Office and clerical    |   |

Employer information completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date