



Pineland Learning Center, Inc. Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. Attach copies of any certifications and/or licenses.

Personal Information

Name

Street Address

City

State

Zip

Home Phone Number

Cell Phone Number

Email Address

Position

Please check all that apply.

Position You Are Applying For

Available Start Date

Desired Pay (optional)

Employment Desired: Full Time Part Time Temporary

Can you perform the essential functions of the position with or without reasonable accommodation? Yes No

Qualifications

Please list any education or training you feel relates to the position applied for that would help you perform the work.

School Name	Location	Date Completed	Major/Minor	Degree Received
H/S				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College				<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS
Graduate				<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph D
Voc-Tech				

Credentials

Please list all valid NJDOE certificates, professional licenses, memberships, and or training certificates held.

Cert./Lic./Membership Type:	Issue Date:	Expiration Date:	Cert./Lic./Membership Type:	Issue Date:	Expiration Date:

Special Skills

List any skills or experience that you feel would help you in this position in the following space provided.

Special Skills Cont'd.:

Professional References

Please list 3 professional references not related to you.

Name	Years Known	Address	Phone

Employment History

Start with your present or most recent employment and work back.

Employer (1)

Company Name		Start Date (mm/yy) /	End Date (mm/yy) /
Address		Supervisor	Work Phone
City	State	Reason for Leaving	
Duties			

Employer (2)

Company Name		Start Date (mm/yy) /	End Date (mm/yy) /
Address		Supervisor	Work Phone
City	State	Reason for Leaving	
Duties			

Employer (3)

Company Name		Start Date (mm/yy) /	End Date (mm/yy) /
Address		Supervisor	Work Phone
City	State	Reason for Leaving	
Duties			

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 authorize Pineland Learning Center, Inc. (PLC) to investigate any facts set forth on this application and release the Employer from any liability.

I acknowledge and understand that Pineland Learning Center, Inc. is an "at will" employer. Therefore, the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date

Revised 7/2017