



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Welcome to **Education Dynamics Inc.** We appreciate the opportunity to review your qualifications for employment with our company. So that we can thoroughly consider your skills and abilities, we would appreciate your completing this Application For Employment. This application will be valid for 6 months from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed. Please read each question carefully and give honest and complete answers. All offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

(Please print)

Last Name		First Name		Middle Name	
Address			Apt. No	Other Names under which employed:	
City	State	Zip Code	Home Phone		Social Security No.
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you have a legal right to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you been convicted of, pled guilty to, and/or pled nolo contendere to a crime (felony or misdemeanor, including, but not limited to, child molestation, theft, banking fraud, drug and/or alcohol-related offenses, assault, etc.)? Do not identify marijuana-related misdemeanor convictions occurring more than 2 years ago or convictions for which the criminal record has been expunged, sealed or eradicated by the Court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the Court. A CONVICTION (OR GUILTY OR NOLO CONTENDERE PLEA) WILL NOT NECESSARILY DISQUALIFY AN APPLICANT.					
<input type="checkbox"/> YES <input type="checkbox"/> NO Explain, if yes:					
How were you referred to Education Dynamics Inc. ? Check your response (be specific)					
<input type="checkbox"/> Walk in <input type="checkbox"/> A friend <input type="checkbox"/> OFY employee <input type="checkbox"/> Newspaper (name) <input type="checkbox"/> Other (name)					

JOB INTEREST

Position for which you are applying:		Other positions for which you would like to be considered:		Salary desired:	Date you can start:
Do you want to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	Have you ever applied or worked for Education Dynamics Inc. before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are there hours or days you cannot work:		
		Where? _____	When? _____		
For office jobs, please complete: Typing _____ wpm 10 key _____		Software competency:			

EDUCATION/QUALIFICATIONS

Highest level of school/education completed:

Please list any education, training or specialized experience, skills or qualifications you think relates to the position(s) applied for that would help you perform the work (i.e. schools, colleges, degrees, licenses, vocational or technical programs, military training, foreign language, etc.) List from most recent

Name and location of institution:	Degrees, licenses, special achievements, experience, training:

EMPLOYMENT HISTORY

List below your last three employers, starting with the most recent one first.

May we contact your current employer? YES NO

Name of present or last employer:		Name of supervisor and Title:			
Address					Telephone number
Date (Mo/Yr)		Salary		Position/Title	
From	To	Starting \$	Ending \$	Starting	Ending
Duties/description of work:					
Reasons for leaving:					

Name of previous employer:		Name of supervisor and Title:			
Address					Telephone number
Date (Mo/Yr)		Salary		Position/Title	
From	To	Starting \$	Ending \$	Starting	Ending
Duties/description of work:					
Reasons for leaving:					

Name of previous employer:		Name of supervisor and Title:			
Address					Telephone number
Date (Mo/Yr)		Salary		Position/Title	
From	To	Starting \$	Ending \$	Starting	Ending
Duties/description of work:					
Reasons for leaving:					

Have you been terminated from a previous job? YES NO Explain, if yes: _____

Do you plan on having another job while working for Lupine? YES NO Explain, if yes: _____

PERSONAL REFERENCES

Please provide three personal, non-family, references:

	NAME AND OCCUPATION	PHONE	RELATIONSHIP
1			
2			
3			

**NOTICE TO APPLICANT
AND
CLARIFICATION STATEMENT
PLEASE READ BEFORE SIGNING**

Notice to Applicant: Any position with this company may require physical activities, including but not limited to the lifting of heavy objects.

<p>Are you able to perform the essential functions of the job for which you are applying? (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you eligible for any licenses or certifications necessary to perform the duties of the job for which you are applying, including any physical approvals or certifications by any required health care provider?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has any such license or certification been declined or revoked in the last two (2) years?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If so, please list. _____</p> <p>_____</p>

Initial	PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW
	I understand that if I am offered employment by the Company the offer of employment will be contingent upon the satisfactory result of a Department of Justice background check. If I do not want to have a Department of Justice background check, I should withdraw my application.
	I hereby authorize the Company 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.
	I understand employment is with the mutual consent of me and the Company. Consequently, both the Company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship constitutes the entire agreement between me and the Company on the subject of termination and it supersedes all prior agreements. Although other Company policies and procedures may change from time to time, this employment at will relationship will remain in effect throughout my employment with the Company unless it is specifically modified by an express written agreement signed by myself and the Chief Operating Officer of the Company. This employment at will relationship may not be modified by any oral or implied agreement.
	Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, transfer to other locations, or a work schedule other than Monday through Friday or eight (8) hours in a day. I understand and accept these conditions of my continuing employment.
	As part of my application for employment, I understand and agree that the Company may need to conduct a thorough investigation of my background, including, without limitations, my credit and financial history, and that the Company may need to obtain and use investigative consumer reports through any investigative or credit agencies it so chooses, as part of that investigation. In exchange for the time and effort in reviewing, organizing and collecting the information and documentation needed to complete the verification and investigative process above. I hereby agree to release, waive and indemnify the Company and any third parties who disclose or produce any information or documents requested by the Company, from any and all losses, claims, liabilities or damages which may arise from, or are in any way connected to, the investigation, giving and/or receiving of such information or documents. CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY. <input type="checkbox"/> By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer
	I hereby acknowledge that I have read and understand the above statements.
Date	Applicant's Signature