



BRIDGING THE GAP LEARNING CENTER

APPLICATION FOR EMPLOYMENT

Applicant's Full Name _____
(Last) (First) (M.I.) (Maiden Name)

Other Name(s) _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work.)

Present Mailing Address _____
(Street) (City) (State) (Zip Code)

Permanent Mailing Address _____
(Street) (City) (State) (Zip Code)

Telephone Numbers
Home: () _____ Work: () _____ Mobile: () _____

Email Address _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Are you a U.S. citizen? Yes No Other (specify) _____

If not, are you eligible to work in the U.S. Yes No

If you are not a citizen of the United States, does your visa permit you to be permanently employed? Yes No

My signature below authorizes Bridging The Gap Learning Center to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other sources deemed appropriate in the sole discretion of the learning center. I waive my right of access to any such information, and without limitation hereby release the learning center and the reference source from any liability in connection with its release or use. This release includes the sources cited above and illustrative examples as follows: the local police, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. Furthermore, I unconditionally certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I acknowledge that these questions shall be continuing in nature, and I have a duty to update, change or further amplify my answers to guarantee accuracy at all times. I understand that any omission, misleading or falsely answered statement made or implied by me on this application, or any supplement to it, whether written or oral, will be sufficient grounds for failure to employ or for my immediate discharge should I become employed with the learning center. In the event Bridging The Gap Learning Center determines, in its sole discretion, the existence of material adverse report or omission as to any information, I agree that the employment offer/appointment will be deemed revoked immediately without further action, notice, or process. In conclusion, I acknowledge that if accepted for employment, I hereby agree to abide by the policies, regulations, and directives of Bridging The Gap Learning Center.

Date _____ Signature of Applicant _____

MARK THE APPROPRIATE BOXES: POSITION(S) FOR WHICH YOU ARE APPLYING AND ARE ENDORSED

Academic Director Academic Instructor Mentor Director
 Mentor Academic/Mentor Liaison Public Relations Director
 Marketing Director Administrative Assistant Other _____

If applying for an Educational Instructor position, please answer the following question:
 List grade level(s) and/or subject area(s) in order of preference

TEACHING LICENSURE ONLY

A. If you have been issued a Virginia License, please **submit a photocopy**

Copy enclosed? Yes No

Type of Virginia License:

Provisional Collegiate Professional PG Professional
 Pupil Personnel Technical Professional

Year of Expiration of Virginia License _____

Endorsement (s) _____

Have you applied for a Virginia License? Yes No When? _____

Check, if statement of eligibility is enclosed

B. If you have been issued a license in another state, **please submit a photocopy.**

Copy enclosed? Yes No

State _____ Expiration Date _____

License/Endorsements _____

State _____ Expiration Date _____

License/Endorsements _____

EDUCATION

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREE (If Earned)	MAJOR/SUBJECTS

EMPLOYMENT HISTORY

(Attach Continuation Sheet(s) as necessary). We may contact the employers listed below.

Employer _____ Address _____ City _____ State _____ Zip _____ Name of Supervisor _____ Phone # _____ _____	Month / Year Employed From To _____ Last Base Salary Or Hourly Rate _____	Position/Title _____ Reason for Leaving _____ Responsibilities _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Name of Supervisor _____ Phone # _____ _____	Month / Year Employed From To _____ Last Base Salary Or Hourly Rate _____	Position/Title _____ Reason for Leaving _____ Responsibilities _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Name of Supervisor _____ Phone # _____ _____	Month / Year Employed From To _____ Last Base Salary Or Hourly Rate _____	Position/Title _____ Reason for Leaving _____ Responsibilities _____ _____
Employer _____ Address _____ City _____ State _____ Zip _____ Name of Supervisor _____ Phone # _____ _____	Month / Year Employed From To _____ Last Base Salary Or Hourly Rate _____	Position/Title _____ Reason for Leaving _____ Responsibilities _____ _____
_____	_____	_____

GENERAL INFORMATION

A. Have you ever been discharged or requested to resign from a position?

(If yes, explain on page 6) Yes No

B. Have you ever been refused tenure or a continuing contract with any job?

(If yes, explain on page 6.) Yes No

C. Have you ever had a driver's license revoked or suspended?

(If yes, explain on page 6) Yes No

D. Is your driver's license currently revoked or suspended?

(If yes, explain on back) Yes No

E. Are any criminal charges or proceedings pending against you?

(If yes, explain on page 6) Yes No

F. Are any criminal charges currently against you?

(If yes, explain on page 6) Yes No

G. Have you ever been on probation?

(If yes, explain on page 6) Yes No

H. Are you currently on probation?

(If yes, explain on page 6) Yes No

I. Do you currently have a probation officer?

Yes No

J. Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) of any offense involving moral turpitude, sexual molestation, physical or sexual abuse or rape of a child or like offense against an adult?

Yes No (If yes, explain on page 6)

Referral Source: Advertisement/Posting Employee Friend Other
(explain)

REFERENCES

The names of at least three references must be provided and must include current employer, if employed, or last employer.

Name of Reference	Complete Address (street, city, state, zip code)	Position/ Relationship	Telephone Numbers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

