



New England Preschool Academy, Inc.

CENTER STAMP

APPLICATION FOR EMPLOYMENT

NEPA, Inc. is an Equal Opportunity Employer

NEW ENGLAND PRESCHOOL ACADEMY, INC.
One Foxwood Dr.
Windsor Locks, CT 06098

PLEASE PRINT

Last Name

First Name

Middle Initial

Permanent Address _____ City _____ State _____ Zip _____

Phone # () _____ Social Security # _____

Are you at least 18 years old? Yes _____ No _____

Have you ever applied to work for or been employed by NEPA, Inc? Yes _____ No _____

If yes, when and where? _____

Why did you leave? _____

Do you have any relatives currently employed by NEPA, Inc. Yes _____ No _____ If yes, list below:

Relative's Name

Address / City / State

Position Applied For _____ Class Age Group Preferred _____

Hours Per Week Desired _____

Can you legally work in the U.S.? Yes _____ No _____

*Proof of citizenship or immigration status will be required upon employment.

Do you have a valid Driver's License? Yes _____ No _____ Do you have a Special Operator's License? Yes _____ No _____

If yes, indicate _____ State _____ Number _____ If yes, indicate _____ State _____ Number _____

Have you been convicted of any moving violations or been involved in a vehicular accident in the last 3 years? Yes _____ No _____

If yes, please list and explain all incidents below:

| Date | Description of Violation or Accident | Convicted? Circle One | | Fine Paid? Circle One | |
|-------|--------------------------------------|--------------------------|----|--------------------------|----|
| | | Yes | No | Yes | No |
| _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | Yes | No | Yes | No |
| _____ | _____ | Yes | No | Yes | No |

CONTINUE TO NEXT PAGE

EDUCATION

| | | | | |
|--|-----------------------|---------|--|--|
| High School | Name | | Dates Attended: From: _____ To: _____ | |
| | Location | | Graduation Date (Or Highest Class) | |
| University Undergrad. Transcript Required | Name | | Dates Attended: From: _____ To: _____ | |
| | Location | | Graduation Date (Or Highest Class) | |
| | Degree Or Certificate | Courses | Hours Completed | |
| University Graduate Transcript Required | Name | | Dates Attended: From: _____ To: _____ | |
| | Location | | Graduation Date (Or Highest Class) | |
| | Degree Or Certificate | Courses | Hours Completed | |
| Other Trade, Technical, Military | Name | | Dates Attended: From: _____ To: _____ | |
| | Location | | Graduation Date (Or Highest Class) | |
| | Degree Or Certificate | Courses | Hours Completed | |

EXPERIENCE (Start with Most Recent Employer) -- THESE PEOPLE MY BE CONTACTED BY NEPA, INC.

| | | | | |
|--------------------|--------------------|--|-----------------------------------|--|
| Company Name | | Position Held | Address Phone No. | |
| Responsibilities | | Dates Employed: From: _____ To: _____ | | |
| Reason For Leaving | Name Of Supervisor | | Salary Start: _____ End: _____ | |
| Company Name | | Position Held | Address Phone No. | |
| Responsibilities | | Dates Employed: From: _____ To: _____ | | |
| Reason For Leaving | Name Of Supervisor | | Salary Start: _____ End: _____ | |
| Company Name | | Position Held | Address Phone No. | |
| Responsibilities | | Dates Employed: From: _____ To: _____ | | |
| Reason For Leaving | Name Of Supervisor | | Salary Start: _____ End: _____ | |
| Company Name | | Position Held | Address Phone No. | |
| Responsibilities | | Dates Employed: From: _____ To: _____ | | |
| Reason For Leaving | Name Of Supervisor | | Salary Start: _____ End: _____ | |

REFERENCES (Business/Professional Other than Former Supervisors) -- THESE PEOPLE MY BE CONTACTED BY NEPA, INC.

| Name | Address/Zip | Phone # | Relationship |
|------|-------------|---------|--------------|
| | | | |
| | | | |

CONTINUE TO NEXT PAGE

Have you ever been accused of any form of child abuse? If yes, explain: _____

Have you ever been convicted of a felony criminal offense? Yes _____ No _____ If yes, please state the nature of the offense, where the offense occurred, date, and sentence imposed: _____

Have you ever been discharged or forced to resign from a position? Yes _____ No _____ If yes, explain: _____

The position applied for may, from time to time, be physically and emotionally demanding. Do you have any present physical or emotional conditions or other disabilities which may prohibit you from performing your normal duties? Yes _____ No _____

If yes, describe in full: _____

Explain briefly why you want to work for NEPA, Inc. _____

Are there any other experiences, skills or training which you feel would qualify you for work with NEPA, Inc. _____

PLEASE READ CAREFULLY

APPLICANT CERTIFICATION AND AGREEMENT

I understand that any false answers or statements made by me on this application or any supplement thereto, or any false statements made to the representative of the Company during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that if I am hired by the Company, my appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the Company, except the President, has the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Company, such agreement **must** be in writing.

I understand that the Company may make a thorough investigation of my character, reputation, past employment and medical history. I authorize the giving and receiving of any such information requested by the Company (including financial and credit records) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Company. I hereby waive any rights or claims I may have whether presently fully developed or not, against the Company or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Company's handling, process, or investigation of my application with the Company.

I agree that if I am employed by the Company in the future some potential employer may contact the Company or its representatives concerning my work record and my work performance at the Company. I hereby consent to and authorize persons employed by the Company to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the Company. I understand that all information provided herein is public record and is subject to review upon request.

I understand and voluntarily agree that if hired, I will complete all educational courses and take all tests, medical or otherwise, required by the Company or local, state or federal law or regulation and that failure to take such tests when required or requested may result in my immediate dismissal.

I agree to a physical examination, if requested, including analysis for the detection of the use of illegal drugs or substances, and I understand that failure to meet any job related medical and/or health requirement for the position could prevent my employment or continued employment by the Company.

I hereby acknowledge that the first ninety (90) days of appointment with the Company constitutes a probationary period.

I have read and agree to the preceding Applicant Certification and Agreement.

Date: _____ Signature: _____

THIS PART OF APPLICATION IS TO BE COMPLETED BY APPLICANT AFTER HIRING

Personal Information

Age _____ Date of Birth _____

Were you in the Armed Forces? Yes _____ No _____ Branch _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Name of Spouse _____

Emergency Contact

Name _____ Phone # (_____) _____

Relationship to Employee _____