



Employment Application

The completed application, together with attachments can be sent:

BY EMAIL:

slcexecutiveassistant@gmail.com
www.seattlelearningcenter.com

BY MAIL:

*Lily Talley, Executive Director, Seattle Learning Center
 115 Boston St, Seattle, WA 98109*

NONDISCRIMINATION POLICY: Seattle Learning Center does not discriminate on the basis of race, religion, color, national or ethnic origin, and any other legally protected classification applicable to Seattle Learning Center in administration of its educational policies, admissions policies, financial aid, athletic, and other school administered programs.

CONTACT INFORMATION

NAME	
ADDRESS	
PHONE (BEST NUMBER TO REACH YOU)	
EMAIL	
STARS ID NUMBER	
Do you have a portable background check?	Yes / No

POSITION FOR WHICH YOU ARE APPLYING

TITLE	
SCHOOL LOCATION	SLC QUEEN ANNE SLC MONTLAKE
DATE YOU ARE AVAILABLE TO START	
TYPE OF EMPLOYMENT	Full Time Part Time
ARE YOU CURRENTLY EMPLOYED	Yes / No

EDUCATIONAL BACKGROUND

Include Colleges, Universities, High Schools attended

Name of School/College/University	Dates Attended	Major/Minor	Degree Earned (eg Bachelor of Arts, Bachelor of Science, Master of Arts)

Teaching Certificate (if applicable)

Subject	Number	State	Granted Dates

EMPLOYMENT EXPERIENCE

School/Company Name:	
Address:	
Dates Employed:	
Status:	Full Time Part Time
Age/Grades of Children Taught (if applicable)	
Reason for Leaving:	

School/Company Name:	
Address:	
Dates Employed:	
Status:	Full Time Part Time
Age/Grades of Children Taught (if applicable)	
Reason for Leaving:	

School/Company Name:	
Address:	
Dates Employed:	
Status:	Full Time Part Time
Age/Grades of Children Taught (if applicable)	
Reason for Leaving:	

School/Company Name:	
Address:	
Dates Employed:	
Status:	Full Time Part Time
Age/Grades of Children Taught (if applicable)	
Reason for Leaving:	

RELATED SKILLS & EXPERIENCE

Experience in teaching and caring for children:
Sports coached:
Activities related with children that you led/participated in:
Community service or volunteer work:
Other skills (eg playing a musical instrument, dancing) or experiences:
Languages spoken:

Computer Literacy:

Circle equipment and software that you are experienced in using:

- | | | | |
|------------------|-------------------|-------------------------|-------------------------|
| • MS Word | • Adobe | • Graphics & Multimedia | • Senior Systems |
| • MS Excel | • Acrobat | • Technology | • Windows XP |
| • MS Publisher | • Adobe Photoshop | • Integration | • Mac Operating Systems |
| • MS Power Point | • Contribute CS3 | • HTML | • SMART Notebook |
| • MS Outlook | | | • Rubicon Atlas |

Other computer skills not listed:

AMERICANS WITH DISABILITIES ACT / WASHINGTON LAW AGAINST DISCRIMINATION

Can you perform the essential duties for this position, with or without reasonable accommodation?

HEALTH & SAFETY

Are you currently certified in First Aid?

Yes No

Are you currently certified in CPR?

Yes No

Do you have the 30-hr Basic STARS training?

Yes No

Do you have a negative TB test within the last year?

Yes No

Do you have a current food handler's permit?

Yes No

Are your vaccinations updated with the following?

Hepatitis B Yes No

Whooping Cough Yes No

Tell us a little bit about yourself and why you want to work with children?

What is your favorite age group? Why?

REFERENCES

If applicable, include principals, department chairs, or directors who have first-hand knowledge of your character, intellectual ability, teaching skills, and kinds of experience listed above.

Name:	Title:
School or Company:	Address:
Work Phone: Home Phone:	Email:

Name:	Title:
School or Company:	Address:
Work Phone: Home Phone:	Email:

Name:	Title:
School or Company:	Address:
Work Phone: Home Phone:	Email:

By typing or signing my name below, I hereby certify that the information provided on this application is truthful and accurate and that it fairly represents my work history. I understand that omissions or falsehoods on this application may prevent my application from being reviewed. I authorize Seattle Learning Center to obtain information about my criminal records, if any, from the Washington State Patrol or other law enforcement agency. I also authorize the school to obtain information from my prior employers and schools, to investigate information provided in my application, and to contact others listed or not listed on my employment application about my work history, education, qualification, or fitness for employment. I release the school and all persons providing information from any liability for obtaining and offering that information, regardless of outcomes.

Signature: _____ **Date:** _____