



Smart Brain International

Employment Application

Personal Information

TODAYS DATE	POSITION DESIRED	START DATE AVAILABLE	DAYS AVAILABLE TO WORK	F/T P/T TEMP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME STREET ADDRESS			CITY	STATE ZIP
HOME TELEPHONE NUMBER ()	MOBILE TELEPHONE NUMBER ()	EMAIL ADDRESS		

Education and Training

School / College / Special Training	Name/City & State of School	Number Years Completed	What was your major	Year graduated
High School				
College				
Special Training and Special Certifications				

Work Experience

(Please start with most recent)

Name & Address of Employer: _____ _____ Phone #: _____ Name of Supervisor: _____	Employment Dates: from _____ to _____ Salary: start _____ final _____ Reason for leaving: _____ _____
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Name & Address of Employer: _____ _____ Phone #: _____ Name of Supervisor: _____	Employment Dates: from _____ to _____ Salary: start _____ final _____ Reason for leaving: _____ _____
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Name & Address of Employer: _____ _____ Phone #: _____ Name of Supervisor: _____	Employment Dates: from _____ to _____ Salary: start _____ final _____ Reason for leaving: _____ _____
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References

Please list two professional and two personal references who can provide us with information about your qualifications to perform the job for which you are applying

Name	Professional: Position Personal: Relation to You	Address	Telephone Number	Company/ Organization
1.				
2.				
3.				
4.				

Additional Applicant Information

Do you have a valid drivers license? _____

Are you a United States citizen? _____

If not, what is your current visa status? _____

Do you have experience working with children? _____

If yes, what age groups? _____

If yes, in group settings? _____

If yes, one-on-one? _____

Here's your chance! Let us know about anything else you would like us to know, either personal or professionally related:

Release Form

Please Read the Following Carefully

1- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other center practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Smart Brain International or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and that relationship cannot be altered except by written instrument signed only by Smart Brain International Franchise Corp, and not a franchise owner or franchisee representative. Both the undersigned and Smart Brain International may end the employment relationship at any time, without specified notice or reason.

2- I hereby authorize Smart Brain International to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

3- I understand that any intentional misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand that Smart Brain International does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

4- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal word authorization with-in three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

5- I authorize Smart Brain International to conduct checks regarding: criminal records, background checks, and sex offender registry.

6- In the event I am employed by Smart Brain International, I agree to abide by all its applicable policies and procedures.

Smart Brain International is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Signature: _____

Signature Date: _____, 200_

Print Name: _____