

Employment Application

Equal Opportunity Employer

Toth Ventures, LLC d/b/a Best Day Ever! Learning Center is an Equal Opportunity Employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against quality individuals with disabilities.

Personal Information

Last	First	MI	SSN#	Email	
Street Address		City	ST	Zip	Home Phone
					Mobile
Are you entitled to work in the United States?			Are you 18 or older?		If yes, Date of Birth
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?					If yes, please explain:
Military Service?			Branch	Are you a veteran?	War
What position are you applying for?			How did you hear about this position?		
Expected Hourly Rate	Expected Weekly Earnings		Date Available		

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact			

Education

	Name/Location	Last Year Complete	Degree	Major
High School		9 10 11 12		
College/University		1 2 3 4		

Trade School

Other

List any applicable special skills, training or proficiencies.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you and any all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Date