



We're lighting the way to a brighter future!

108 College Park Plaza • Johnstown, PA 15904 • (814) 262-0732 • Fax: (814) 262-0837 • www.thelearninglamp.org

Employment Application

An Equal Opportunity Employer

The Learning Lamp is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Applicant Information

Applicant Name _____ Home Phone _____
Email Address _____ Other _____

Current Address
Number/street _____
City _____ State _____ Zip _____

How were you referred to The Learning Lamp? _____

Position(s) applying for: _____

Are you applying for:

- Temporary work (such as summer or holiday work)? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work? _____

If hired, on what date can you start working? ___ / ___ / ___ Can you work evenings? [] Y or [] N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for The Learning Lamp before? [] Y or [] N
If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for The Learning Lamp? [] Y or [] N
If yes, state name and relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N



Applicant Last Name: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed:

Note: The Learning Lamp complies with the American Disabilities Act (ADA) and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted, and disposition of the case.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Education, Training and Experience

	Name	Address	# of years completed	Did you graduate?	Degree/diploma earned
High School					
College/University					
Vocational School					

Military:

Branch: _____ Rank in Military: _____

Skills/duties: _____ Total Years in Service: _____

Related details: _____

Please check any of the following clearances that have been submitted within the past year:
[] FBI [] Child Abuse [] Criminal History

Have you had a TB test within the past year? [] Y or [] N

Have you had a physical conducted by a medical doctor within the past year? [] Y or [] N

Do you have a teaching certificate? [] Y or [] N If yes, from which state is your certificate? _____



Applicant Last Name: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [] Y or [] N

If yes, please explain _____

Employment History

Are you currently employed? [] Y or [] N May we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____

Length of Employment (Include Dates): _____

Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____

Length of Employment (Include Dates): _____

Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____

Length of Employment (Include Dates): _____

Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N



Applicant Last Name: _____

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____ Telephone Number: _____
Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____ Telephone Number: _____
Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____ Telephone Number: _____
Occupation: _____ Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

_____ I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand and that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this The Learning Lamp, terms for my immediate expulsion from the The Learning Lamp.

_____ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the The Learning Lamp.

_____ I permit the The Learning Lamp to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the The Learning Lamp, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____

The official registration and financial information of The Learning Lamp may be obtained from the Pennsylvania Department of State by calling toll free with in Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. The Learning Lamp is a 501(c)(3) nonprofit organization, donations to which are tax deductible to the fullest extent permitted by law.