

# Knowledge Is Power Early Learning Program

## Application for Employment

Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Referred by: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### Employment Desired

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you employed:  YES  NO

Ever applied to this company before:  YES  NO

Date and Time Availability \_\_\_\_\_

### Education History

	Name & Location of school	Did you graduate?/Yrs Attended
High School		
College		
Trade/Correspondence School		

### Former Employers (starting with most recent employer first)

Start/Term date	Name and city of employer	Salary	Position	Reason for leaving

**References:**

Name: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO

If yes, please give the details of your conviction \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills or training that would be helpful for this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email, fax or send your application to:**

Knowledge Is Power Early Learning Program

P.O. Box 620395, Charlotte, NC 28262

Fax: 704 503 5823 - [Dreamchildren2915@gmail.com](mailto:Dreamchildren2915@gmail.com)

Before considering you for a position, Knowledge Is Power requires that you read and accept the following statements. If you do not agree, do not submit the application.

**TERMS OF EMPLOYMENT**

I understand and agree that Knowledge is Power acceptance of this application does not mean that a position for which I am applying and/or qualified is open, that KIP has not agreed to hire me or is under any obligation to hire me. I understand and agree that if I am employed or hired I will be hired as an "at will" independent contractor and may be terminated at any time, with or without cause and with or without notice.

**AUTHORIZATION FOR INVESTIGATIONS**

I authorize Knowledge Is Power Early Learning Program and its agents to investigate all information and references contained in this application and release all parties from any liability concerning such investigations. These investigations will include criminal background, education, references and other background checks. I also authorize former employers and references listed on this application to provide information that may be sought regarding my work habits, character and ability and any other information requested.