



1905 9<sup>th</sup> Street, NE  
 Washington, DC 20018  
 Suites E & I Office: 202-529-5437

## Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, sever/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local outstanding service to our customers and contribution to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you 18 yrs of age or older? YES NO

If hired, can you present evidence of your identity, legal right and eligibility to work in this country? YES NO

**NOTE: It is a violation of federal and state anti-discrimination laws and Happy Faces Learning Centers policies to discriminate against applicants because of their race, ethnicity, or national origin.**

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? YES NO

Are you seeking: Full-Time Employment YES NO Part-Time Employment YES NO  
 Shift Work YES NO Temporary Work YES NO

Are you interested in working: DAYS EVENINGS NIGHTS WEEKENDS

Availability: Please check the days you're available for work, the earliest you can report and the latest you can stay. **Keep in mind that HFLC operates on a 24 hour 7 day a week schedule.**

DAYS	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							

## EDUCATION

Please describe your educational background in the table provided below:

School Name & Location	Years Completed (Circle)	Diploma/Degree (Yes or No)	Describe Course of Study	Describe Specialized Training and Experience
High School:	9 10 11 12	YES NO		
College/University:	1 2 3 4	YES NO		
Graduate/Professional:	1 2 3 4	YES NO		
Credentials: <b>CDA</b>	Infant / Toddler	Preschool	Expiration Date:	
Credentials: <b>90 Hours Certificate</b>		College Obtained from:	Year:	
Other Education:				

List other education or specialized training?

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Are you planning to continue your studies? YES NO

If yes, where and what courses of study? \_\_\_\_\_

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## EMPLOYMENT DESIRED

Position Applied For: \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment before? YES NO When? \_\_\_\_\_

Have you ever been employed by this company? YES NO When? \_\_\_\_\_

If yes, please give dates and position: \_\_\_\_\_

Are you friends or related to any current and/or past employee of Happy Faces, parent or child enrolled in our program? YES NO If yes, please explain: \_\_\_\_\_

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Date you can Start: \_\_\_\_\_ Minimum Salary Requested: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? YES NO

Have you ever been involuntarily terminated or asked to resign from any job? YES NO

If yes, please explain: \_\_\_\_\_

Please list any gaps in your employment history: \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Please list the names of your present and/or previous employers in chronological order with most recent employer listed first. If self-employed, give firm name and supply business references. (Add additional page if necessary)

**Name of Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment / From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? YES NO

Phone Number: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment / From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? YES NO

Phone Number: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment / From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? YES NO

Phone Number: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**BUSINESS/PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are not related to you.

Name & Title	Relationship & Number of Years Acquainted	Telephone # or Email

**PLEASE READ & ANSWER THE QUESTION BELOW BEFORE SIGNING:**

**Happy Faces LC** is in compliance with the latest regulations of the **Title 29 DCMR Chapter 3 section 328 “Criminal and Background History Checks”** and sub-sections **328.1 (a-f), 328.2 through 328.7**. All persons hired are subject to a **FBI background & Child Registry Check** upon hiring.

\_\_\_\_\_ **Happy Faces LC** is committed to protecting the health, safety and welfare of our clients, employees and preservation of the high performance standards that have been the basis for the Company’s success. To reinforce our commitment to a safe and healthy workplace, the company has adopted a **Substance-Free Workplace Policy**. All persons hired are subject to **random drug testing**.

\_\_\_\_\_ I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the even of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

\_\_\_\_\_ In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

\_\_\_\_\_ I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_ I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

Thank you for your interest in an employment opportunity with Happy Faces Learning Centers. Upon review of completed applications, our Human Resources department will schedule an interview with applicants that meet the initial requirements, as evidenced by the information provided herein.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

Signature: \_\_\_\_\_

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

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