



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET - INCLUDE APT. #

CITY STATE ZIP

PHONE: HOME (____) _____ CELL (____) _____

- Are you at least 18 Years of age? YES____ NO____ (YOU MUST BE AT LEAST 18 TO WORK AT ODYSSEY)
- Did you graduate high school or earn a GED certificate? YES____ NO____
- Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES____ NO____
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)
- Have you ever been employed with us before? YES____ NO____
- Do you have friends, relatives, or live with anyone working for us? YES____ NO____
- If so, who? _____ Relationship _____
- Were you referred to us? YES____ NO____ If yes, by whom? _____
- Are you currently employed? YES____ NO____
- May we contact your present employer? YES____ NO____ Date available for hire? _____
- Have you ever been convicted of a felony or misdemeanor? YES____ NO____ (prior conviction may bar employment)

JOB POSITION YOU ARE APPLYING FOR:

- TEACHER_____
- EDUCATIONAL AIDE_____
- RESIDENTIAL AIDE_____ SHIFT: AM_____ PM_____ GRAVE_____
- OTHER_____

YEAR OF HIGH SCHOOL GRADUATION _____ / DATE OF GED CERTIFICATE _____

COLLEGE _____ DATE _____

COLLEGE _____ DATE _____

This Employer fully complies with federal and state laws prohibiting discrimination in employment because of sex, age, race, color, religion, creed, gender, marital status, national origin, ancestry, medical condition, disability, or any other legally protected status or protected categories, which are now named or may be added in the future.

Odyssey Learning Center Confidential Revised 8/8/05

ODYSSEY LEARNING CENTER
7150 SANTA JUANITA AVE. ORANGEVALE, CALIFORNIA 95662
P 916-988-0258
F 916-988-0423

"Odyssey Learning Center is committed to enhancing the lives of children with autism, using a collaborative approach to educate and nurture them in their journey towards independence with integrity and dignity"



EMPLOYMENT HISTORY (Please list all employment for the past 10 years, beginning with the most current)

Employer: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Job Duties: _____ Wage: _____

Supervisor: _____ Phone:(____)

Reason for leaving: _____

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone:(\_\_\_\_)

Reason for leaving: \_\_\_\_\_

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Employer: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Job Duties: _____ Wage: _____

Supervisor: _____ Phone:(____)

Reason for leaving: _____

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone:(\_\_\_\_)

Reason for leaving: \_\_\_\_\_

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Employer: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Job Duties: _____ Wage: _____

Supervisor: _____ Phone:(____)

Reason for leaving: _____

PRE-EMPLOYMENT STATEMENT: I authorize investigation of all statements in this application. I further understand that any misrepresentation or omission of facts given may be cause for immediate discharge, if hired. I accept that as a matter of company policy, employment is at the will of the employer, and may be terminated at any time with or without cause or notice. I accept that by my signature below, I agree that any and all claims by me of unlawful discrimination and/or harassment allegedly arising during the application process, will be submitted to a neutral arbitrator for final and binding decision in accordance with procedures adopted by Schilling Robotic Systems, Inc. after investigation by the EEOC or the California Fair Employment and Housing Department are complete.

SIGNATURE: _____ DATE: _____