

As part of the application process, The Distance Learning Company, Inc. may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, sexual orientation, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

Name	Today's Date
Email Address	Phone Number
City of Residence	State of Residence

Position for which you are applying	Check the options you would consider Full Time Part Time Temporary		
Specify days and hours available	Friday _____	Date Available for Work	
Monday _____	Wednesday _____	Saturday _____	
Tuesday _____	Thursday _____	Sunday _____	
Notes _____			
Do you have any commitments to another employer that might affect your employment with us?			

Education & Training

	School Name	City and State	Degree / Diploma Major Course of Study	Degree Received?	
High School / GED				Yes	No
College / Other				Yes	No
List any other education, training, special skills or certificates/licenses that you possess related to the job					
List any machines, equipment or software programs on which you are qualified and experienced in operating					
List any languages, other than English, that you speak fluently			List any languages, other than English, that you read/write fluently		

General Information

Can you, after employment, submit verification of your legal right to work in the United States?	Yes	No
Are you 18 years old or over?	Yes	No
Were you previously employed by The Distance Learning Company, Inc.? If Yes, give dates	Yes	No
List any relatives working for The Distance Learning Company, Inc.:	Yes	No
Can you perform the essential functions of the job?	Yes	No
Do you require any disability accommodation to perform the essential functions of the job? If yes, explain:	Yes	No
Do you require any religious accommodation to perform the essential functions of the job? If yes, explain:	Yes	No

Employment History

List All work experience within the last 5 years, beginning with the present or most recent job.

Name of Employer	Type of Business		
Address	City	State	Zip Code
Dates Employed	Title		
Name and Title of Supervisor	Email and Phone Number		
Brief Description of Duties	Type of Employment Full Time Part Time	May we contact? Yes No	
Reason for Leaving			

Name of Employer	Type of Business		
Address	City	State	Zip Code

Dates Employed	Title		
Name and Title of Supervisor	Email and Phone Number		
Brief Description of Duties	Type of Employment		May we contact?
	Full Time	Part Time	Yes No
Reason for Leaving			

Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed	Title		
Name and Title of Supervisor	Email and Phone Number		
Brief Description of Duties	Type of Employment		May we contact?
	Full Time	Part Time	Yes No
Reason for Leaving			

References

List three individuals, in addition to employment references, known to you for at least three years

Name	Occupation / Association	Email Address / Phone number

Additional Information

Please include any other information you think would be helpful to us in considering you for employment.

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Agreement (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give The Distance Learning Company, Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise.

I understand that The Distance Learning Company, Inc. may obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of criminal, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by The Distance Learning Company, Inc. as part of the pre-employment background investigation, and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and/or alcohol screening test as a condition of employment. I hereby give my voluntary consent for a saliva and/or blood and/or urine sample to be collected from me at any time during my employment without prior notice and submitted for testing. I also consent to the release of the test result to The Distance Learning Company, Inc. for its use. I understand that any positive drug or alcohol result may preclude or terminate my employment.

Signature	Date
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