



**STAFF APPLICATION**

Learning on the Log eFax: 801.460.9414

**\*\*All pages must be signed and dated\*\***

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CONTACT INFORMATION				
Last Name :	First Name:	DOB:	Age:	Sex:
SS#:	Address:	City:	State:	Zip:
Cell #:	Home #:	email:		
Valid Driver's License #:		State and expiration date:		
Are you legally authorized for employment as a citizen or national of the U.S., a Lawful Resident Alien, or an alien otherwise permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony, or for child abuse, or sex-related crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, please explain:				

Education		
School Name	City and State	Year Completed

High School:

College:

Post Graduate Degree:

Employment History (Please list past 3 employers, including Supervisor, your role, and phone number)
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1.

2.

3.



**Personal Skills and Strengths** (Please describe yourself and why you want to be employed by LoL)

**References** (Please provide 2 professional/employment references with Name, Company, Title, Contact Number, & email)

1.

2.

**\*\*\*All staff are required to get a background check, and a CPR certification is recommended for employment\*\*\***

**In Case of Emergency**

Name/Relationship: \_\_\_\_\_

2 Phone Numbers: \_\_\_\_\_

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize Learning on the Log to conduct a background check based on the information provided in this application."

**Liability Waiver**

"I will not hold Learning on the Log or any other participating person/agency responsible in the event of an accident/injury that occurs/is incurred in the course of participation in the Learning on the Log activities. Moreover, I understand that Learning on the Log reserves the right to discharge a staff member from the After School, Weekend and Summer Camp Programs as the company deems appropriate."

The information contained in this application form is true to the best of my knowledge.

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