

# APPLICATION CHECKLIST

Valley of Springfield Learning Center #093

Applicant \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email \_\_\_\_\_

	received	not received
1. Adult Worker's Profile	_____	_____
2. Tutor Application	_____	_____
3. Professional Resume	_____	_____
4. 2 letters of reference	_____	_____
5. copy of Bachelors degree	_____	_____
6. copy of teaching certificate (if applicable)	_____	_____
7. all appropriate information is completed	YES	NO

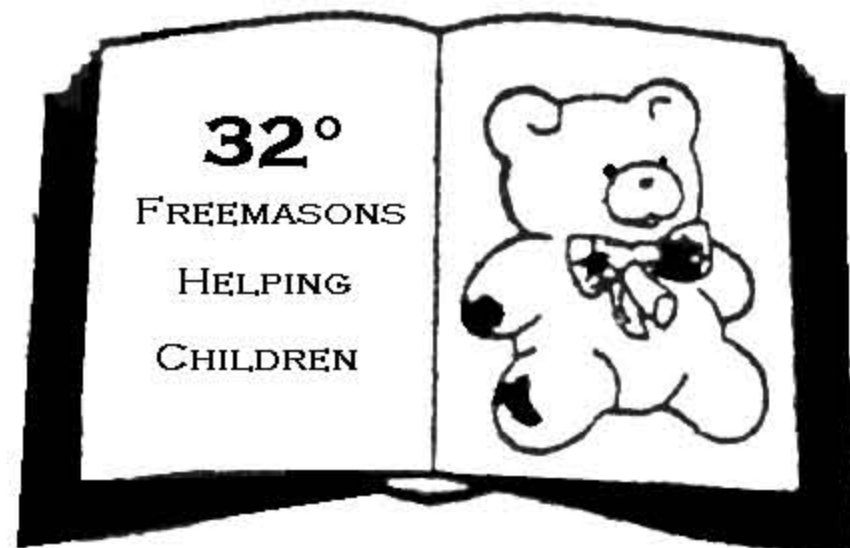
## CONTACT NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Return to:  
32° Scottish Rite Learning Center  
1020 Rickard Road  
Springfield, IL 62704

**CENTER:** SPRINGFIELD, IL #093

### TRAINEE APPLICATION

*Please complete the following information and attach copies of all required documentation.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Academic History (Begin with Highest Degree)

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_ Maj. \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_ Maj. \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_ Maj. \_\_\_\_\_

**Please submit proof of a Bachelors Degree (copy of diploma or transcript showing degree and date awarded).**

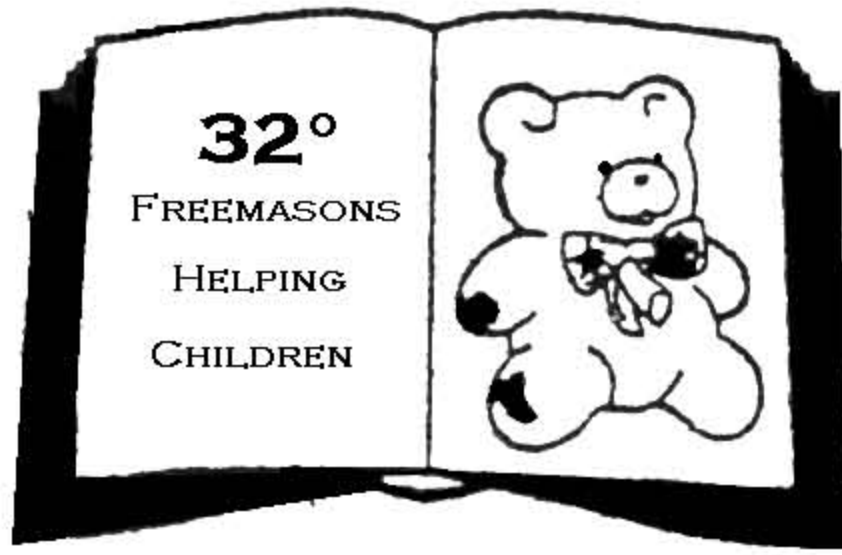
Other Credits \_\_\_\_\_

*Please submit a description of any multisensory training you have had. Include principal trainer, institution, address, dates, total hours, coursework hours, practicum hours, and ages taught. Submit copy of Certificates or other proof of completion.*

Multisensory experience: \_\_\_\_\_

List on a separate sheet any Conferences/Workshops/Courses you have attended. Include any presentations you have given.

*Please submit your current résumé. Include professional societies to which you belong and two letters of recommendation from persons knowledgeable about your professional work.*



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Springfield, IL 62704

CENTER: SPRINGFIELD, IL #093

**ADULT WORKER'S PROFILE**

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

I.D.# \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Check if over the age of 18

Prior Addresses, if any, for last 5 years & length of time at each address: \_\_\_\_\_

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

Have you worked as an adult with children and youth groups?  YES  NO

If so, please list and describe: \_\_\_\_\_

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

**Employment Profile**

Occupation: \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

If employed less than 5 years, previous employers, address and length with service for each:

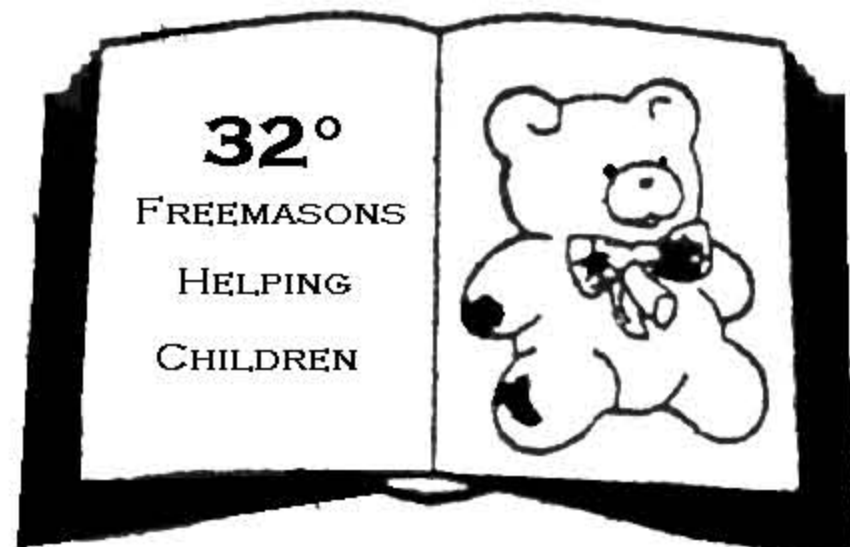
\_\_\_\_\_  
\_\_\_\_\_

**Education Profile**

What is the highest grade you have completed? \_\_\_\_\_

Name and Location of High School attended: \_\_\_\_\_

Name and Location of College attended: \_\_\_\_\_



**ADULT WORKER'S PROFILE**

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**Personal Profile**

Are you able to perform the essential functions of the position for which you have applied as a Learning Center Volunteer, Professional or Employee with or without a reasonable accommodation?       YES       NO      (If NO, please attach explanation.)

Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

- YES     NO    The possession, use, or transfer of alcohol
- YES     NO    The possession, use, or transfer of illegal drugs
- YES     NO    Crimes in which the victim or accomplice was a minor
- YES     NO    Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others
- YES     NO    Activities in which you were involved in the creation, possession, use or transfer of pornographic materials
- YES     NO    Any other offense not mentioned above.

If YES to any of the above, list all such felony and misdemeanor convictions: \_\_\_\_\_

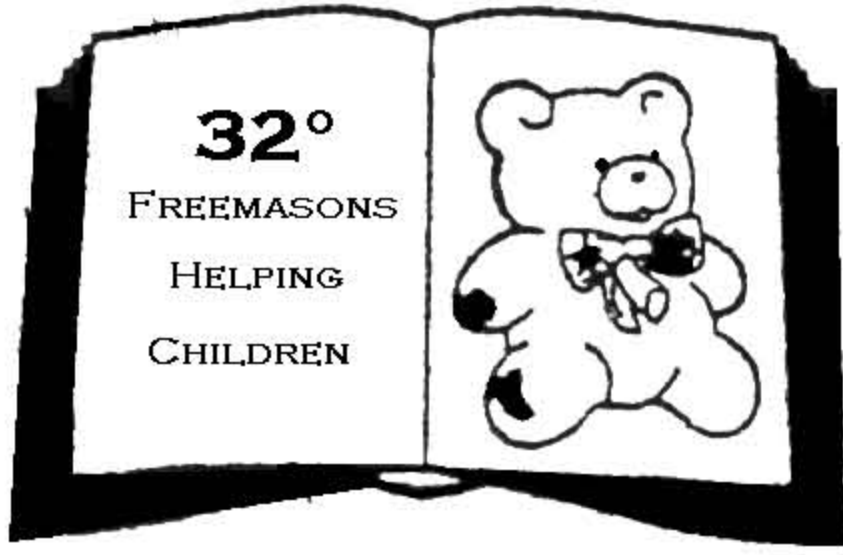
Has any adverse action been taken by any organizations, schools, churches, or day care centers against you while you were an employee or volunteer for such organization or entity.

YES       NO      If YES, list and explain: \_\_\_\_\_

To the best of your knowledge and belief, are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance, and care of young people?

YES       NO      If YES, list and explain: \_\_\_\_\_

NOTE: It is unlawful in Massachusetts to require or administer a lie detector as a condition of employment, and an employer who violates this law is subject to criminal penalties and civil liabilities.



## ADULT WORKER'S PROFILE

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### Reference Profile

List three people who have known you for at least the last five years who we may contact if more information is needed about you:

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

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

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

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

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

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

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

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

### Applicant's Certification and Statement

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all information given herein, including the investigation of all current and prior employment listed above, as may be necessary to arrive at an employment decision. I understand that this Profile is not, and is not intended to be, a contract of employment and that any employment is strictly "at will."

I hereby release any party investigating the information provided by me in this profile, as well as any party providing information about my background, from any and all claims and damages in connection with the investigation or verification of such information.

In the event of employment, I understand that false or misleading information given in this Profile may result in my discharge.

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