

OUR FUTURE, INC.
d/b/a MILLARD CHILDREN'S ACADEMY
6912 South 156th Street Omaha, NE 68136 (402) 861-0778

APPLICATION FOR EMPLOYMENT

Our Future, Inc., an Equal Opportunity Employer, does not discriminate in hiring or terms and conditions of employment because of an individual's race, religion, color, sex, age, national origin, marital status or disability. Please answer all questions as completely as possible. YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR SIXTY (60) DAYS. FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY. We encourage applications from qualified individuals with disabilities. You may request any needed accommodation to participate in the application process.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Current Address: _____ City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Cell Phone Number: _____
Birth Date: _____ Driver's License Number: _____ Driver's License State: _____
Vehicle Make: _____ Vehicle Model: _____ License Plate: _____
Email Address: _____
If Under 19, Parent's Email Address: _____
Can you, after conditional hire, submit proof of your identity and legal right to work in the United States? _____ Yes _____ No
Emergency Contact: _____ Relationship: _____ Phone: _____
Activities Other Than Religious (Civic, Athletic, Fraternal, etc., exclude organizations, the name or character of which indicate the race, religion, color, national origin, ancestry, age or handicap of its members.): _____

EMPLOYMENT DESIRED

Position(s) applied for: _____
Date you can begin: _____ Hourly wage desired: \$ _____
Will you work Full-Time _____ Part-Time _____ Temporary _____ If part-time, specify day(s) and hours: _____
Are you available to work overtime when necessary? _____ Yes _____ No
Are you able to perform the functions of the job for which you are applying (essential and/or marginal) with or without a reasonable accommodation? _____ Yes _____ No
Are you currently employed? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No
Current Salary: \$ _____ per hour.
If you were employed under a name other than your present name, please indicate the complete former name: _____
Do you have any commitment to another employer which might affect your employment with us? _____ Yes _____ No If yes, explain: _____

EDUCATION AND TRAINING

Type of School	Name of School	No. of Years Attended	Graduated? (yes or no)	Major Courses	Degree?
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____	_____
Other Specialized Training	_____	_____	_____	_____	_____

MILITARY SERVICE

Branch: _____ Ending Rank: _____
Present membership in Reserves or National Guard: _____
Describe your duties: _____

OCCUPATIONAL HISTORY
(Start With Most Recent or Current Employer First)

Company: _____ **Location:** _____
Phone #: _____ **Job Title/Duties:** _____
Supervisor: _____ **Dates Worked: From:** _____ **To:** _____
Salary/Wage: _____ **Reason for Leaving:** _____

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PERSONAL REFERENCES (Non-Relatives)

Please list two non-relative references for teacher/teacher assistant position. If applicable, list previous child care employer.

<u>Name</u>	<u>Position</u>	<u>Company</u>	<u>Phone</u>	<u>Years Acquainted</u>
1.				
2.				

State any additional information you feel may be helpful to us in considering your application: _____

Reference Checks (to be completed by director)

1) Comments: _____

Date Verified: _____ By: _____

2) Comments: _____

Date Verified: _____ By: _____

PLEASE READ CAREFULLY:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result from making such investigation.

As a condition of my employment with Our Future, Inc., I agree that all information which I receive in the course of my employment relating in any manner to, among other things, the business activities, customers, production processes, financial affairs, programs, concepts or designs of Our Future, Inc. are to be treated by me as trade secrets and kept in confidence, not to be disclosed to any unauthorized person either during or after my employment, or used by me in any manner adverse to the interests of Our Future, Inc. In addition, I may be required to sign a separate Employee Non-Compete Agreement.

In consideration for my employment by Our Future, Inc., I agree to conform to the rules and regulations of Our Future, Inc. and acknowledge that these rules and regulations may be changed, interpreted, suspended, withdrawn, or added to by Our Future, Inc. at any time, at Our Future, Inc.'s sole option and without any prior notice to me.

I further acknowledge that my employment is **at-will** and may be terminated, and any offer of employment, if such is made, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Our Future, Inc. or myself. I understand that no representative of Our Future, Inc. other than the President, and then only in writing, signed by both of us, has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I understand that I cannot rely on any contrary oral or written statements.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Our Future, Inc. and myself for either employment or for providing of any benefit.

Our Future, Inc. reserves the right to search any areas of the Company's premises and any personal article or possession brought onto the premises, including lockers, desks, cars, lunch boxes, or briefcases.

I acknowledge that any offer of employment to me by Our Future, Inc. is contingent upon my timely completing INS Form I-9 and producing the proper documents required by the Immigration Reform and Control Act of 1986. My failure to meet these requirements within the specified time will result in the termination of employment.

If my services terminate after accepting employment, I understand that Our Future, Inc. or any of its affiliates may supply, in confidence, my employment record to any prospective employer, with no liability to Our Future, Inc. or its staff.

I acknowledge that I have been advised that this application will remain active for no more than sixty (60) days from the date it was made.

Date: _____ Applicant's Signature: _____

Report of Law Enforcement Contact

INSTRUCTIONS: This form must be completed by the applicant/licensee and each staff member and each household member that is 19 years of age or older. All felonies, misdemeanors and infractions must be reported regardless of age of the individual at the time of the incident or contact by law enforcement. **Minor** traffic violations do not need to be reported. Law enforcement contact means that an arrest occurred or a citation/ticket was issued by a police officer. Staff member includes substitutes, volunteers, primary providers, secondary providers, director, co-director, teacher, certificated/non-certificated teachers, any individual who counts in the staff-child ratio, and any individual who may have contact with children, i.e., aide, cook, driver, or volunteer. Having a conviction does not necessarily prevent you from obtaining a license.

Have you ever:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Been arrested or cited by any law enforcement officer (includes local, county, state or federal)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been arrested or cited by any law enforcement officer in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been arrested or cited but charges were dismissed or not filed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been charged with committing any misdemeanor crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been charged with committing any felony crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been convicted, pled guilty or pled no contest to any felony and/or misdemeanor crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been convicted, pled guilty or pled no contest to a crime against children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Been on a suspended sentence, such as diversion, probation or parole? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Been in jail or prison? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Been charged with any crime that is sexual in nature? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, you must complete the following table (if you need more space, please use an additional form). Law enforcement records may be obtained in order to determine the accuracy of your answers.

Incident Date mm/dd/yy	Description of Charge	Felony, Misdemeanor or Infraction	County and State	Outcome/Disposition (i.e., jail, fine, probation, dismissed, diversion, etc.)

To the best of my knowledge, the information provided above is true and accurate. I understand that failure to accurately report may result in negative or disciplinary action as determined by the Department.

Signature	Date of Birth	Relationship to Facility
Printed Name	Other Names Used (previous married, maiden, alias, nicknames) (If no other names have been used, indicate "none")	
Name of Facility/Provider	Telephone Number	Date