# The Reading Center Employee Application



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**PERSONAL (please give your FULL, LEGAL name)**

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| --- | --- |
| Last Name First Name Middle Initial  I prefer to be called: | Home Phone: ( ) \_\_\_day \_\_\_\_evening  Alternate Phone: ( ) \_\_\_work\_\_\_cell\_\_\_other  Email Address:  Best time to reach you: |
| Street Address:  City, State, Zip: |
| Former or current RC connection? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ | I prefer \_\_\_home phone \_\_\_alt. phone \_\_\_e-mail contact. |
| Date completed Basic Training: | Date completed Advanced Institute: |
| Emergency Contact Name: Relationship: Phone number: | |
| Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, describe in full: | |

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| For what position are you applying ? |
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### RELATED WORK & SCHOOL EXPERIENCE

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| --- | --- |
| Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Current/most recently attended school: | Location: |
| Degree: | Date completed: |
| Other Degrees and schools attended: | Location: |
| High School: | Date completed (or graduation date): |
| Other relevant background, training or volunteer experiences: | |
| Certifications held (include date of expiration): | |

**REFERENCES**

Please list three references (at least one professional). We complete at least 2 reference calls.

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| --- | --- | --- |
| **1** | Name:  Relationship to you: | Phone number:  Email: |
| **2** | Name:  Relationship to you: | Phone number:  Email: |
| **3** | Name:  Relationship to you: | Phone Number:  Email: |



# Verifications and Release from Liability

The Reading Center’s mission is: To serve the needs of people affected by dyslexia. As an employee, I will seek to fulfill this mission.

**Please read carefully before signing.**   
The Reading Center/Dyslexia Institute of MN (TRC) is an equal opportunity employer. TRC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for TRC to hire me. If I am hired, I understand that either TRC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of TRC has the authority to make any assurance to the contrary.

Because The Reading Center strives to provide a safe environment for children and youth, I understand that The Reading Center will order a criminal history check, and I authorize this investigation.

I attest with my signature below that I have given TRC true and complete information on this application. No requested information has been concealed. I authorize TRC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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# Applicant Signature Date

**Medical Treatment:** I give permission for TRC representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that TRC is not responsible for payment for such medical treatment.

**Photograph Permission:** I give permission for TRC to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Reading Center programs.

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# Applicant Signature Date