



Applicant:

Thank you for your interest in an employment opportunity at the Continuous Learning Center. Our team of professionals work daily to implement our Mission and Core Values, to create an environment where everyone learns.

Our Mission Statement:

We provide continuous learning opportunities to promote and advance life skills, employability, academics and entrepreneurship.

OUR CORE VALUES

WE SERVE our clients, staff and community with excellence.

WE PREPARE our clients with life skills that will impact their future.

WE CELEBRATE learning, achievements and successes.

If you can support us in the daily practice of our mission and core values, the Continuous Learning Center will provide you with the training and support to become a valuable member of our team.

This letter is to inform potential applicants of the requirements of employment to meet the needs of our clients.

The following documents are required for employment with your completed Employment Application:

1. Valid Driver's License (with current BMV abstract).
2. Social Security Card
3. 5-Years Ohio Residency - Must have proof in writing with applicant's signature. NOTE: If documentation is not available a FBI background check will be completed.



4. Compliant Background Investigations (OAC 5123-2-02)
5. Proper documentation of United States citizenship
6. Education documentation (High School diploma, GED, College Degree(s), Transcript).
7. Driver's License & Auto Insurance - Current insurance documentation.
8. Professional Licenses and Certifications (First Aid, CPR, Nursing, Teaching, etc.)
9. Read, write and understand English language
10. Communication skills to effectively interact with clients and staff members.

Various shifts and positions are available. All employees at times, will work Holiday and weekends,

All persons hired by CONTINUOUS LEARNING CENTER, LLC. will be required to provide the aforementioned information prior to starting employment. All employees will be trained in the regulations governing the services being provided and in all pertinent CONTINUOUS LEARNING CENTER, LLC. Policies and procedure prior to being assigned to a position.

Agreeing to these terms and those of the application are not to be misconstrued as an offer of employment nor does this guarantee a personal interview.

Printed
Name _____ Signature _____

Date _____



AT-WILL ACKNOWLEDGEMENT

If I am employed, I agree that in consideration for my employment I will conform to the policies and procedures of CONTINUOUS LEARNING CENTER, LLC. I understand that policies and procedures may be altered, amended or repealed by CONTINUOUS LEARNING CENTER, LLC. any time, at their sole option and without any prior notice to employees.

I acknowledge that if I am employed, my employment and compensation can be terminated at any time, without cause or notice, at the option of CONTINUOUS LEARNING CENTER, LLC. or myself. I understand that no representative of CONTINUOUS LEARNING CENTER, LLC. has any authority to enter into an agreement for employment for any specific period of time, to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the forging, except an Administrator of CONTINUOUS LEARNING CENTER, LLC. who may only do so in writing.

Signature of
Applicant:

Date:



**Have you ever been convicted of plead guilty to any crime?
Circle YES or NO If yes, by law (ORC 5232:3-06), you must
provide the following information:**

**1.) Describe the conviction(s) and or any
plea(s) of guilty: .**

**2.) Describe where (city, state, and county) the
conviction(s) and or pleas took place:**

**3.) Have you ever been placed on the Abuser Registry or Nurse
Aide Registry?**

**Circle YES or NO If yes, where did the occurrence
take place (city, state, county):**



Attestation and Agreement to Notify Employer

Thereby attest that I have not been convicted of or plead guilty to any of the disqualifying offenses listed below and agree that I will notify CONTINUOUS LEARNING CENTER, LLC. within 14 calendar days, if while employed I am formally charged with, am convicted of, or plead guilty to the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

Applicant Signature

Date signed

Applicant's Name Printed