



RightTime KiDS, Carolina BRATS, LLC (the "Company") is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name: _____ First Name: _____ Middle Initial: _____

Other Name(s) Used _____ Security Number: _____

Address: _____

Previous Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Position Applying For: _____

Referred By: _____ Salary Desired: _____

Have you ever interviewed with the Company or its affiliates before? Yes No

If yes, list date(s), job title(s) & location(s) _____

Are you at least 18 years old? Yes No

If under 18, do you have a work permit? Yes No

Employer Name: _____

Employed From: _____ / _____ / _____ Employed Until: _____ / _____ / _____

Starting Salary: _____ Ending Salary: _____

Supervisor Name _____ Supervisor Phone: _____

Job Title: _____ Reason For Leaving _____

Duties & Responsibilities _____

Employer Name: _____

Employed From: _____ / _____ / _____ Employed Until: _____ / _____ / _____

Starting Salary: _____ Ending Salary: _____

Supervisor Name _____ Supervisor Phone: _____

Job Title: _____ Reason For Leaving _____

Duties & Responsibilities _____

Employer Name: _____

Employed From: _____ / _____ / _____ Employed Until: _____ / _____ / _____

Starting Salary: _____ Ending Salary: _____

Supervisor Name _____ Supervisor Phone: _____

Job Title: _____ Reason For Leaving _____

Duties & Responsibilities _____

GENERAL

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references? |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime?
<i>(A yes response does not automatically disqualify your application.)</i> |

REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by the Company or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date