



LEAGUE OF
EXTRAORDINARY
children

GROW LEARN BELONG



EMPLOYMENT APPLICATION FORM

Date of Application

Position

Employment Type

		☐ Full-Time	☐ Part-Time	☐ Contract
--	--	------------------------------------	------------------------------------	-----------------------------------

Personal Information

Full Name		Nationality	
Address			
Phone	Email		DoB
Driving License	☐ No	☐ Yes,	Years of work
Marital Status	☐ Single ☐ Married, number of dependent(s)		

Educational Background

Degree / Course	University / Institute	Year of Graduate	Grade	City

Employment History

Company	Position	Year	Reason for Leaving



LEAGUE OF
EXTRAORDINARY
children

GROW LEARN BELONG



Skills & Training

Skill & Training Achievement(s)	Level	Year	Institute

Do you have any physical, mental, or medical impairment or disability that would limit your job performance in position for which you are applying? _____

If yes, please explain _____

Have you ever been convicted of a felony, or been involved with a child abuse or neglect court action or official investigation? Yes _____ No _____

If yes, please explain _____

Give names, addresses, and telephone numbers of three references who are not related to you and who are not previous employers:

By signing below, I certify all information is true and correct.

Name: _____

Signature: _____

Date: _____

Attachments:



Resume/CV Attachment



Cover Letter Attachment



STAFF CRiMiNAL CONViCTION RECORD

Center's Name: League of Extraordinary Children

Address: 6908 Park Avenue

City: Guttenberg, NJ 07093

County: Hudson

Director's Name: Lauren Garcia

Staff Member's Name: _____

Disclosure: I HAVE been convicted of or pleaded guilty to a crime or a disorderly persons offense.

Date of Conviction: _____

Crime of Disorderly Persons Offense Convicted of or Pledaded Guilty to (Describe):

Signature of Staff Member: _____

Date: _____

Please attach copies of any applicable court documents.



LEAGUE OF
EXTRAORDINARY
children

6908 Park Avenue, Guttenberg, NJ 07093
Phone: (201) 869-3535 Fax: 201-869-3555
Email: info@leagueofextraordinarychildren.com



STAFF HEALTH EXAMINATION FORM

TO BE COMPLETED BY JOB APPLICANT:

Patient's name _____

Date of Birth _____

I authorize (doctor's name) _____ to release medical information
concerning me to (center): _____ in connection with my job application. I
understand that the center will keep this information confidential.

Patient's signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

The above-named patient is applying for employment at our child care center. New Jersey State regulations require a physician's statement verifying the application is in good health, free from communicable disease, and able to care for children. A Mantoux test with 5 TU of PPD tuberculin is required. A Tine test is not acceptable. A chest X-Ray is required if the patient has had a previous positive Mantoux or in case of medical contraindication.

For further information, please contact: _____

Date of Mantoux Test _____ Results _____

Date of Chest X-ray (if applicable) _____ Results _____

Date of physical examination _____ Results _____

Is there any reason to preclude this patient from working with children? _____

If yes, please explain: _____

Remarks: _____

I have examined the above-named patient and found him/her to be in a good health and to pose no health risk to others at the child care center.

Physician's signature _____ Date _____

Physician's name and office address (please print or stamp):



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States	
☐ 2. A noncitizen national of the United States <i>(See instructions)</i>	
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

(1) Originating Agency Number (ORI #) NJ920690Z		(2) Category CFK	(3) Statute Number 30:5B-6.13		
(4) Reason for Fingerprinting DAY CARE EMPLOYMENT			(5) Document Type RB2	(6) Payment Information BILL STATE AGENCY	
(7) Contributor's Case # (Unique Identifier) DC0932080800283			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address Address City State Zip					
(21) Gender (Select one) [] Female [] Male [] Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown		
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement) League of Extraordinary Children Employer Address 6908 Park Ave City Guttenberg State New Jersey Zip 07093			
Identification Requirement - Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					
Please READ this form carefully. and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. PLEASE PRINT LEGIBLY. It is required you present this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment. Appointment Scheduling: Scheduling is available anytime at www.bioapplicant.com/nj . Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981 , Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST. Payment: When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Cancel/ Reschedule: Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method. Unable to be Fingerprinted: An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method. PCN and Receipts: Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.					
Applicant ID Number:		Payment Authorization:		PCN:	
Scheduled Day & Date:		Scheduled Time:		Scheduled Site:	
Agency Information: STATE AND FBI BACKGROUND CHECK					