



APPLICATION FOR EMPLOYMENT

Date: _____

PLEASE PRINT

| | | |
|---|---------------------------|---------------------|
| NAME (Last) _____ (First) _____ (Middle) _____ | | |
| ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ | | |
| Telephone Number _____ | Mobile Phone Number _____ | Email Address _____ |

Position Applying for _____ Part-time Full-time Substitute

Salary desired _____ Date available to work _____

(Note: in order to be considered for employment, your file must include a completed application, satisfactory background check, and fingerprint clearance card from the Department of Public Safety.)

Are you a U.S. Citizen or a Permanent Resident Alien? Yes No

How were you referred? _____

Have you ever been employed under another name? Yes (list name(s) below) No

EDUCATION

| | SCHOOL NAME | CITY, STATE | # OF YEARS ATTENDED | # CREDITS COMPLETED | Degree | Major |
|----------|-------------|-------------|---------------------|---------------------|--------|-------|
| HIGH | | | | | | |
| COLLEGE | | | | | | |
| GRADUATE | | | | | | |
| OTHER | | | | | | |

EMPLOYMENT HISTORY

List the most recent job first. Account for all time including paid and non-paid experience.

| | | | |
|----------------------|---------------------------|--------------------|---------|
| POSITION HELD | SALARY | DATES (MO/YR) | # YEARS |
| | | TO | |
| COMPANY NAME | | TYPE OF BUSINESS | |
| COMPANY ADDRESS | | CITY, STATE, ZIP | |
| NAME OF SUPERVISOR | PHONE (INCLUDE AREA CODE) | REASON FOR LEAVING | |
| DESCRIBE YOUR DUTIES | | | |
| | | | |

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|----------------------|---------------------------|--------------------|---------|
| POSITION HELD | SALARY | DATES (MO/YR) | # YEARS |
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| | | | |

SKILLS

Languages spoken other than English _____

Typing, WPM____ Medical Training Computer Training Music
First Aid / CPR Drama Coaching (Sports) Other

List special training or noteworthy achievements and applicable dates:

| |
|--|
| |
| |
| |

PROFESSIONAL REFERENCES

Please provide the name, address, and telephone of three individuals not related to you who can provide information relative to your ability to perform work.

| Name | Complete Address | Phone Number |
|------|------------------|--------------|
| | | |
| | | |
| | | |

MILITARY SERVICE

| | | |
|-------------------|----------------------|----------------|
| Branch of Service | Active Duty Dates | Reserve Status |
| Service Schools | Specialized Training | |

Choice Academies is an Equal Employment Opportunity Employer and in compliance with the Americans with Disabilities Acts (ADA). Adams Traditional Academy does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in the employment or in any of its educational programs or in the provision of benefits and services to students.

PLEASE READ CAREFULLY

MY SIGNATURE INDICATES I understand and agree to all of the conditions listed below:

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize investigation of all the statements in this application including investigation of previous employment experiences and criminal background. I will execute such documents as may be necessary to facilitate this investigation. I understand that agents of Choice Academies may review any document relevant to this information. I understand that my employment is not finalized until the background investigation has been completed and I understand that falsification or omission of facts on this application will be considered sufficient cause for disqualification or dismissal.

Signature _____

Date _____