



Application for Employment

Last Name:		First Name:		Middle Name:	
Desired Position: <input type="checkbox"/> Director/Admin <input type="checkbox"/> Support Staff <input type="checkbox"/> Teacher: Subject 1: _____ <input type="checkbox"/> Paraprofessional <input type="checkbox"/> _____ Subject 2: _____ <input type="checkbox"/> Other: _____ <i>If applying for multiple positions please list preferences:</i>				Source of Referral: <input type="checkbox"/> Newspaper/Magazine Advertisement <input type="checkbox"/> Commercial/PSA <input type="checkbox"/> Referral _____ <input type="checkbox"/> Website/Online <input type="checkbox"/> Career Fair <input type="checkbox"/> Other: Please Specify: _____	
Present Street Address:		City/State/Zip:		Personal Email Address:	
Cell Phone Number:		Home Phone Number:		Date available for work (if offered):	
Are there any criminal charges pending against you at this time? If yes, please give details:					
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO; If yes, state when, where and the nature of the conviction. Conviction of an offense is not an automatic bar to employment. All circumstances will be considered, including the nature of the crime and the length of time since conviction.					
Have you been an employee of any school in the past? <input type="checkbox"/> Yes <input type="checkbox"/> NO				If Yes, dates of employment and position:	

Education – List education, Formal Training, Licenses, and Degrees related to the position sought.

Type of School	Name, City and State of School	Course Study and Degree Achieved or # of Credit Hours Completed	Date of last attendance or graduation
High School			
Junior College			
College			
Graduate School			

List professional licenses or certifications: _____

Are you certified? Yes No

Certification Number: _____ Area(s) of Certification: _____

Date Certification Expires: ___/___/___

If no, are you certified out of state? Yes No If yes, list location: _____

Employment Data: List employment starting with your most recent position. Explain any gaps in employment history. If you need more space, use the space provided on the back of this application. May we contact your current supervisor? Yes No

Dates	Name and Address of Employer	Position Supervisor	Major Duties	Wages	Exact Reason for leaving
From:		Job Title/Position:		Starting: \$ _____ Hourly Salary	
To:		Supervisor Name and Title:		Ending: \$ _____ Hourly Salary	
		Telephone Number:			
From:		Job Title:		Starting: \$ _____ Hourly Salary	
To:		Supervisor Name:		Ending: \$ _____ Hourly Salary	
		Telephone Number:			
From:		Job Title:		Starting: \$ _____ Hourly Salary	
To:		Supervisor Name:		Ending: \$ _____ Hourly Salary	
		Telephone Number:			
				Desired Salary:	

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (City and State)	Telephone Number	Number of Years Known

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

I authorize investigation of all statements in this application, my attached resume, or other attachments. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give Eastern University Academy Charter School initiative permission to contact schools, previous employers (unless otherwise indicated), references and others. I further authorize the company complete a criminal background check. I hereby release Eastern University Academy from any liability as a result of such contacts, inquires or records in order to ascertain my qualifications and fitness for employment.

I understand that this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or nature. If employed, employment is on an at-will basis and may be terminated at any time and for any reason with or without cause, by either the employee or the school.

I understand that in accordance with the Immigration Reform and Control Act of 1986 that I will need to provide the school with appropriate documentation certifying my identity and eligibility to work within the United States. I understand that I will need to provide this documentation in order to be employed by the school.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL QF THE INFORPVIATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Applicants Signature

Date

Additional Information: