**Application for Employment**

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| Last Name: | First Name: | Middle Name: |
| Desired Position: Clerical Leadership Development Social Worker Counselor Leadership Speech Pathologist Curriculum Coord. Librarian Substitute Teacher Data Specialist/IT Support Staff Teacher: Subject 1:\_\_\_\_\_\_\_\_\_\_\_ Elementary Teacher Paraprofessional Subject 2:\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If applying for multiple positions please list preferences:* | Source of Referral: Newspaper/Magazine Advertisement Commercial/PSA Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Website/Online Career Fair Other: Please Specify: |
| Present Street Address: | City/State/Zip: | Personal Email Address: |
| Cell Phone Number: | Home Phone Number: | Date available for work (if offered): |
| **(If Applicable**) Preferred School:  | Grade Level |
| Are there any criminal charges pending against you at this time? If yes, please give details: |
| Are you a citizen of the United States? YES NO  |
| Have you ever been convicted of a crime? YES NO; If yes, state when, where and the nature of the convection. Conviction of an offence 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? Yes NO | If Yes, dates of employment and position: |

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

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| **Type of School** | **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 an additional piece of paper. May we contact your current supervisor? Yes No

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| **Dates** | **Name and Address of Employer** | **Position Supervisor** | **Major Duties** | **Wages** | **Reason for leaving** |
| From |  | Job Title:Supervisor Name:Telephone Number: |  | Starting: $\_\_\_\_\_\_\_\_\_Hourly Salary |  |
| To: | Ending: $\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly Salary |
| From: |  | Job Title:Supervisor Name:Telephone Number: |  | Starting: $\_\_\_\_\_\_\_\_\_Hourly Salary |  |
| To: | Ending: $\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly Salary |
| From: |  | Job Title:Supervisor Name:Telephone Number: |  | Starting: $\_\_\_\_\_\_\_\_\_Hourly Salary |  |
| To: | Ending: $\_\_\_\_\_\_\_\_\_\_\_Hourly Salary |

**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 Charter School Name 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 Charter School Name 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.

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 Applicants Signature Date