



CHRISTIAN ACADEMY
Building Minds for a Brighter Future

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: First Middle Last DATE:

ADDRESS: Street Address Apt/Suite

Tallahassee FL Zip Code
City State

E-MAIL: PHONE:

SOCIAL SECURITY NUMBER (SSN): D.O.B.:

DATE AVAILABLE: DESIRED PAY: \$ HOUR SALARY

POSITION APPLIED FOR:

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? No YES NO

*IF YES, WRITE THE START AND END DATES:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No YES NO

*IF YES, PLEASE EXPLAIN:

DO YOU HAVE YOUR DCF 45 HOURS:

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____
GRADUATION YEAR: _____ DIPLOMA: YES NO

COLLEGE: _____

CITY / STATE: _____

FROM: _____ TO: ___ Currently Attending _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____

CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____

CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT
FOR THE PAST 5 YEARS

EMPLOYER 1: _____
Company / Individual

PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE:

RESPONSIBILITIES:

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

REFERENCES
(ONE PROFESSIONAL IS REQUIRED)

FULL NAME: _____
First Last

COMPANY: _____ TITLE: _____

RELATIONSHIP: _____ PHONE: _____

FULL NAME: _____
First Last

COMPANY: _____ TITLE: _____

RELATIONSHIP: _____ PHONE: _____

FULL NAME: _____

First

Last

COMPANY: _____ TITLE: _____

RELATIONSHIP: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? No YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? Yes YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____