



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Application for Employment

PERSONAL INFORMATION				
				Date: _____
SSN: _____		DRIVER'S LICENSE NO.: _____		
NAME:				
		LAST	FIRST	MIDDLE
PRESENT ADDRESS:				
		STREET	CITY	STATE
PERMANENT ADDRESS:				
		STREET	CITY	STATE
		ZIP CODE		
PHONE NO.:		REFERRED BY:		
EMPLOYMENT DESIRED				
POSITION:		DATE YOU CAN START:		SALARY DESIRED:
ARE YOU EMPLOYED:		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
Have you ever applied to ACA before?		When?		
EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				
<ul style="list-style-type: none"> THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE. 				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
What foreign languages do you speak fluently?				
US Military or Naval Service:		Present Membership in National Guard or Reserves:		
Rank:				
Have you ever been convicted of a crime? ____No ____ Yes				
If yes, explain the number of convictions, nature of offense(s) leading to conviction(s), how recently such offenses were committed, sentences imposed and types of rehabilitation.				

Are you able to perform the duties required by this job with or without reasonable accommodation?
 _____ Yes _____ No

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES:
 GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	Phone	YEARS KNOWN
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FROM NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARAY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE. I FURTHER AUTHORIZE A CRIMINAL BACKGROUND CHECK AND CREDIT CHECK.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____
 -----DO NOT WRITE BELOW THIS LINE-----

REMARKS: _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
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APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOT WITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.