

# EMPLOYMENT APPLICATION FORM

## SECTION 1: PERSONAL INFORMATION

Name:		Date of Birth:	
Social Security No:		Referred by:	
Present Address:			
Permanent Address:			
Phone No:		Email Address:	

## SECTION 2: EMPLOYMENT DESIRED

Position Applied For:		Date You Can Start:	
Are You Employed Now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, may we inquire of your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever applied to this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when:			

## SECTION 3: EDUCATION HISTORY

### HIGH SCHOOL

Name & Location	Years Attended	Diploma

### COLLEGE

Name & Location	Years Attended	Degree

### TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

Name & Location	Years Attended	Degree

## SECTION 4: GENERAL INFORMATION

Subject of Special Study/Research Work:

Special Training:

Special Skills:

U.S. Military or Naval Service:

☐ Yes

☐ No

If yes, rank:

## SECTION 5: WORK EXPERIENCE

NAME & ADDRESS	DATES EMPLOYED	POSITION	REASON FOR LEAVING

## SECTION 6: REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

## SECTION 7: ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

### APPLICANT STATEMENT

- ☐ An acknowledgment of the truthfulness of the information provided.
- ☐ Consent for the employer to conduct background checks.
- ☐ Understanding of employment at-will, if applicable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

#### INTERVIEWER'S REMARKS

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Recommendation: \_\_\_\_\_

#### APPROVALS

\_\_\_\_\_  
Employment Manager Signature

\_\_\_\_\_  
Date

**Instructions for Applicants:**

- Fill out all sections completely and accurately.
- Use additional sheets if necessary to provide complete answers.
- Sign and date the application.

**Submission:**

Return the completed application to the Smithtown Christian Academy or email it to **admin@smithtownchristianacademy.org**

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