



AG Academy Employment Application

Positions Applying for _____ FT PT PRN Volunteer

Please answer all the following questions to fully and to the best of your ability as accurately as possible. Please use the back of this application if you need more space. Please print clearly using black or blue ink only. Please be advised these questions are not to imply illegal preferences or discrimination based on non-job factors.

Applicant Information			
Full Name:			DOB
	First	Last	M.I.

Address:		Apt/Unit:
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City		State	ZIP Code
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Phone:		Email	
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Date Available:		Social Security No.:		Desired Salary:	\$
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Position Applied for:	
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	
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Registry Number If Applicable	
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Education	
High School:	Address:

From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma :
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College:	Address:
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From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
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Other:	Address:
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From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
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References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Previous Employment

Company:		Phone:	
Address:		Supervisor :	

Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	
Address:		Supervisor :	

Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	
Address:		Supervisor :	

Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Military Service

Branch:		From:		To:	
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Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain:	
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release. Failure in proving truthful, UpToDate and complete information gathered during and after the application and hiring proceed may affect the agreed compensation. We do not discriminate based on race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulations. In turn we require all employee to do the same. It is our intention that all qualified applicants be given equal opportunity and that selection be based on job related factors. In signing this application, you understand that this does not guarantee your employment with AG Academy for any defined period. If hired, you understand that this is an at will hire and you may be terminated at any time without reason or notice. You understand that you may be required to undergo and successfully pass drug test and criminal background test to secure and maintain employment. You agree to authorize the investigation of any of the above listed information for verification purposes and release any companies of legal liability in such matters of verification of information. AG Academy does not sell nor provide personal information to inquiring parties for soliciting purposes.

I have read, understand and by signature consent to these above statements to be true.

Signature:		Date:	
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