Excellence Academy EMPLOYMENT APPLICATION

PERSONAL INFORMATION **FULL NAME:** DATE: Middle ADDRESS: State E-MAIL: PHONE: _____ SOCIAL SECURITY NUMBER (SSN): ____ - ___ - ____ 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 *IF YES, WRITE THE START AND END DATES: _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO *IF YES, PLEASE EXPLAIN: _____ EDUCATION HIGH SCHOOL: _____ CITY / STATE: _____ FROM: TO: GRADUATED? ☐ YES ☐ NO **COLLEGE:** _____ CITY / STATE: ____ FROM: _____ TO: ____

| GRADUATE? ☐ YES ☐ NO | DEGREE: | | |
|-----------------------|--------------------|-----------|--------------|
| OTHER: | CITY / STATE: | | |
| FROM: | TO: | | |
| DEGREE/CERTIFICATION: | | | |
| | CITY / STATE: | | |
| FROM: | TO: | | |
| DEGREE/CERTIFICATION: | | | |
| | PREVIOUS EMPLOYMEN | IT | |
| EMPLOYER 1: | | | |
| Company / Indivi | PHO | NE: | |
| 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: _ | | | |
| EMPLOYER 2: | dual | | |
| | PHO | | |
| 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 | S: | |
| EMPLOYER 3: | ndividual | |
| | PHONE: | |
| ADDRESS: | | Apt/Suite |
| Officer Address | | Aprodito |
| City | State | Zip Code |
| STARTING PAY: \$ | 🗆 HOUR 🗆 SALARY | |
| ENDING PAY: \$ | □ HOUR □ SALARY | |
| JOB TITLE: | RESPONSIBILITIES | S: |
| FROM: | TO: | |
| REASON FOR LEAVING | 3 : | |
| | | |
| | REFERENCE (PROFESSIONAL OF | |
| | | |
| FULL NAME: | Last | RELATIONSHIP: |
| | | TITLE: |
| E-MAIL: | | _ PHONE: |
| | | |
| FULL NAME: | Last | RELATIONSHIP: |
| COMPANY: | | TITLE: |
| E-MAIL: | | _ PHONE: |
| FULL NAME: | | RELATIONSHIP |
| First | Last | RELATIONSHIP: |
| COMPANY: | | TITLE: |
| E-MAIL: | | _ PHONE: |

MILITARY SERVICE

| ARE YOU A VETERAN? | S □ NO |
|--------------------------------|--|
| BRANCH: | RANK AT DISCHARGE: |
| FROM: | TO: |
| TYPE OF DISCHARGE: | |
| IF NOT HONORABLE, PLEASE | EXPLAIN: |
| | |
| BAC | CKGROUND CHECK CONSENT |
| BACKGROUND CHECK? YE | S REQUIRED. ARE YOU WILLING TO CONSENT TO A ES DISCLAIMER |
| | DISCLAIMILN |
| committed to excellence throug | kcellence Academy is an Equal Opportunity Employer and the diversity. In order to ensure this application is acceptable, plication being fully completed in order for it to be considered. |
| Please complete each section E | VEN IF you decide to attach a resume. |
| application leads to my event | inswers are true and honest to the best of my knowledge. If this ual employment, I understand that any false or misleading interview may result in my employment being terminated. |
| SIGNATURE | DATE |
| PRINT NAME | |