



APPLICATION FOR EMPLOYMENT

Walsingham Academy is an Equal Employment Opportunity. It is our policy to provide equal opportunities in any term, condition or privilege of employment to all employees and applicants. No person will be discriminated against on the basis of race, religion, color, sex, age national origin, disability or military status.

Date: _____

I. PERSONAL INFORMATION

Full Name: _____
(First) (Middle Initial) (Last)

Social Security Number: _____ - _____ - _____

Present Address: _____

Permanent Address (if different from above): _____

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Federal law prohibits the employment of unauthorized aliens. All persons must submit satisfactory proof of employment authorization and identification (i.e. valid driver's license, birth certificate, Green Card) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applying for: _____

1. Is there any information we would need about your name or use of another name for WA to be able to check your work history? If so, please specify. _____
2. Do you have any relatives who are presently (or have formerly been) employed by WA? _____
3. How were you referred to WA? _____
4. Have you ever been convicted of a felony? No Yes If yes, please explain: _____

II. EDUCATION

Degree/Certificate	School Name/Location	Yrs. Completed
Elementary School:		
High School:		
College:		
Graduate School:		
Technical School:		
Other:		

III. EMPLOYMENT HISTORY

1. Current Employer: _____ Position: _____
Address: _____ Telephone: _____
Dates Employed: _____ Wage/Salary: _____
Supervisor's Name: _____ Reason for Leaving: _____

III. EMPLOYMENT HISTORY, cont.

2. Company: _____ Position: _____
Address: _____ Telephone: _____
Dates Employed: _____ Wage/Salary: _____
Supervisor's Name: _____ Reason for Leaving: _____

3. Company: _____ Position: _____
Address: _____ Telephone: _____
Dates Employed: _____ Wage/Salary: _____
Supervisor's Name: _____ Reason for Leaving: _____

Note: Please use a separate sheet or attach a resume for additional employers, if necessary.

We will contact all of the employers listed on this application unless you specifically exclude them. **Please list any employers you do not want us to contact and your reason for the exclusion:**

Employers Name: _____ Reason: _____
Employers Name: _____ Reason: _____

IV. REFERENCES

Do not include relatives or former employers

1. Name: _____ Address: _____
Phone: _____ Years Known: _____ Occupation: _____
2. Name: _____ Address: _____
Phone: _____ Years Known: _____ Occupation: _____
3. Name: _____ Address: _____
Phone: _____ Years Known: _____ Occupation: _____

V. WORK AVAILABILITY

- 1. If your application receives favorable consideration, when will you be available to begin work? _____
- 2. Do you have any objection to working over time? Yes No
- 3. Can you work overtime without prior notice? Yes No
- 4. Can you work on Saturday? Yes No
- 5. Can you work on Sunday? Yes No
- 6. Can you travel if required for this position? Yes No

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from Walsingham Academy (WA).

Signature of Applicant: _____ Date: _____