



EMBASSY ACADEMY

Home of the SHIELDS

Employment Application

Applicant Information

Full Name: _____

Address: _____

Phone: _____ Email: _____

Date Available: _____ DL#: _____ Social Security No. : _____

Desired Salary: \$ _____ Position Applying for: _____

Are you a citizen of the United States? () Yes () No

If no, are you authorized to work in the U.S. () Yes () No

Religious Affiliation: () Christian/Non-Denominational () Baptist () Catholic () Other _____

Do you have a church home? () Yes () No How long have you been a member? _____

Are you active in your church? () Yes () No If yes, explain: _____

Have you ever been convicted of a felony? () Yes () No If yes, explain: _____

Skills/Training/Certifications

Check box for all that apply

<input type="checkbox"/> Quick Books	<input type="checkbox"/> Spreadsheet Skills	<input type="checkbox"/> Word Processing Skills	<input type="checkbox"/> Microsoft Office Programs
<input type="checkbox"/> Payroll	<input type="checkbox"/> Office Equipment Operation	<input type="checkbox"/> Project management skills	<input type="checkbox"/> Supervisory/ Managerial skills

Skills/Certifications: List other skills or certifications relevant to this job, including certifications, professional licenses, relevant training, and other relevant knowledge. Please attach copies of relevant licenses and certifications.

Education

School Name	Address	City, State	Years Completed	Diploma/ Degree	Honors/Awards

Work Experience

Employer	Address	Dates Employed	Position	Pay Rate/Salary	May we contact them?

References

Please include two professional references and two personal references.

Name (First & Last)	Address	City, State	Telephone #	Title/ Relation

ACKNOWLEDGEMENT

I certify that the above statements are true and complete. I understand that any false information or omissions in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to hire me or, if I am hired, immediate termination without notice. **I understand that completion of this application in no way constitutes an offer of employment.** I understand that this application form will be active for 90 days from the date it is completed and submitted to Embassy Academy for consideration. I realize that if I wish to be considered for employment with Embassy Academy after that time, I will be required to complete and submit a new application form.

I authorize Embassy Academy to obtain information about me from my previous employers and credit sources and to review my education, previous employment, driving records, criminal records, references, and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to voluntarily submit to a pre-employment drug screen. **I acknowledge that Embassy Academy is an at-will employer and that, if hired, my employment is “at-will”, for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time with or without prior notice, with or without cause.**

Applicant's Printed Name: _____

DATE: _____

Applicant's Signature: _____