

New Summit Charter Academy

Employment Application

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information, or any other status protect by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PLEASE TYPE OR PRINT IN INK

First Name	M.I.	Last Name	
Address	City	State	Zip Code
Daytime Phone	Home Phone	Cell Phone	E-mail Address
Position for which you are applying		Date Available	What is your minimum salary requirement?

Check the following options you are interested in.		Per	Hour	Month	Year
Full Time/Full Year	Full Time/School Year	If part-time, specify hours and days available.			
Part Time/Full Year	Part Time/School Year				

EDUCATION AND TRAINING

	School Name	City and State	Degree/Diploma Major Course of Study	Degree Received
High School				
GED				
College				
Graduate School				
Trade School				

Indicate last name(s) used at time of graduation, if different from the name listed above



List any certifications or licenses that you possess that is related to the job in which you are applying in the space provided below

Professional
License/Certification #

Professional
License/Certification Type

Issuing Agency

State Issued

Expiration Date

List any machines, equipment, or software programs that you are qualified to operate and have experience operating.

EMPLOYMENT HISTORY *Please list most recent employment first*

Name of Employer

Type of Business/Industry

Address

City

State

Zip Code

Job Title

Type of Employment

Full Time

Part Time

Supervisor Name

Supervisor Phone Number

Human Resources Phone Number

May we contact?

Yes

No

Employed From (MM/YYYY)

Employed To (MM/YYYY)

Brief Description of Duties

Reason for Leaving

Name of Employer

Type of Business/Industry

Address

City

State

Zip Code



Job Title _____

Type of Employment

Full Time

Part Time

Supervisor Name _____

Supervisor Phone Number _____

Human Resources Phone Number _____

May we contact?

Yes

No

Employed From (MM/YYYY) _____

Employed To (MM/YYYY) _____

Brief Description of Duties _____

Reason for Leaving _____

Name of Employer _____

Type of Business/Industry _____

Address _____

City _____

State _____

Zip Code _____

Job Title _____

Type of Employment

Full Time

Part Time

Supervisor Name _____

Supervisor Phone Number _____

Human Resources Phone Number _____

May we contact?

Yes

No

Employed From (MM/YYYY) _____

Employed To (MM/YYYY) _____

Brief Description of Duties _____

Reason for Leaving _____



PROFESSIONAL REFERENCES *please list at least three*

Name

**Professional
Relationship**

Telephone

E-mail address

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. Please omit all information that would indicate sex, age, sexual orientation, race, religion, color, national origin, disability, or any other protected class.

By signing below, the candidate authorizes New Summit Charter Academy to conduct an investigation of the candidate pursuant to The School Code to determine whether the candidate has been convicted of any criminal or drug offenses as set forth in such statute, and upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that NSCA perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF DIRECTORS OF NEW SUMMIT CHARTER ACADEMY HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE BOARD PRESIDENT OR APOINTEE AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE, CONSENT TO THESE STATEMENTS

Applicant Signature

Date Signed (MM/DD/YYYY)

Applicant Typed/Printed Name

Last 4 Digits of Social Security Number

