



## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** Vision Charter Academy is committed to the principle of equal opportunity in education and employment. The school does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, veteran status, disability, or any other legally protected class in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Employment Agency  League of Charter Schools  
 Internet Search  Professional Journal  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you under 18 years of age?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date and position \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates and position \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)

Employment desired:  Full-Time  Part-Time  Substitute  Temporary

When are you available to begin? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR	DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS**

Check off those computer skills with which you are proficient (any version).

Google Platform   
 Macintosh User   
 Microsoft Power Point   
 Microsoft Word   
 Microsoft Access  
 Microsoft Excel   
 Microsoft Publisher   
 Web Page Design/ Maintenance   
 E-mail   
 Internet  
 Other please list \_\_\_\_\_

**QUESTIONS**

Are you eligible to work in the United States?  Yes  No

With multiple campuses, most of our position require travel. Are you able to travel throughout Delta County?  Yes  No

Can you perform the job functions of the position(s) for which you are applying with or without reasonable accommodation?  
 Yes  No

Have you had any license revoked or suspended?  Yes  No

If yes, please explain \_\_\_\_\_ z

Have you ever been convicted of a criminal offense other than a minor traffic violation?  Yes  No

*Please Note: A conviction will not necessarily bar you from employment. Facts will be considered. This information will be used for job-related purposes to the extent permitted by applicable law.*

If yes, please explain \_\_\_\_\_

Have you ever had any indicated finding of child abuse filed?  Yes  No

If yes, please explain \_\_\_\_\_

Does your name appear in any Sex Offender Database in any state or country?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been terminated, non-renewed or asked to resign by a previous employer?  Yes  No

If yes, please explain \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.


**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Most Recent Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

<b>Employer &amp; Address</b>	Dates Employed From: To:	Responsibilities
Compensation	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES**

Please list two professional references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the school's designated health practitioner.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I will be subject to a background check, and hereby authorize Vision Charter Academy, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

I authorize the school to conduct an investigation pursuant to The School Code to determine whether I have 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 employment. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

**Drug Use and Impairment Free Policy**

I understand that Vision Charter Academy is a drug and impairment free organization. I understand that as an employee, I would be prohibited from being impaired by marijuana, drugs, or alcohol at work and drug testing may take place with reasonable suspicion.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Non-Discrimination Policy:** Vision Charter Academy is committed to the principle of equal opportunity in education and employment. The school does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, veteran status, disability, or any other legally protected class in admission to, access to, treatment in, or employment in its programs and activities.

**Thank you for applying to Vision Charter Academy.  
 APPLICANT DATA RECORD**

**Non-Discrimination Policy:** Vision Charter Academy is committed to the principle of equal opportunity in education and employment. The school does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, veteran status, disability, or any other legally protected class in admission to, access to, treatment in, or employment in its programs and activities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for: [REDACTED]

Referral Source  Newspaper  Friend  Relative  Employment Agency  League of Charter School  
 Internet Search  Professional Journal  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Affirmative Action Survey	Gender	Racial Group	Ethnic Group
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_