



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, sexual orientation, 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 (____) _____

E-mail address _____

Cell Phone (____) _____

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 RECEIVED
High School				
Undergraduate				
Graduate				
Business or Trade				
Professional Certificates				
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 positions 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 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.

Most Recent Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	Reason for Leaving	

Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	Reason for Leaving	

Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	Reason for Leaving	

Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	Reason for Leaving	

Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	Reason for Leaving	

Employer & Address	Dates Employed From: To:	Responsibilities
Job Title	Supervisor	
May we contact?	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, alcohol, or any other substance 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** _____

**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
<p>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.</p>	<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** _____