

ACA Employment Application Form

Equal Employment Opportunity

Alliance Charter Academy is an Equal Opportunity Employer. We do not discriminate against qualified applicants based upon any protected class under state and/or federal law as defined by applicable equal opportunity laws.

Disclaimers

We are glad you are interested in joining Alliance Charter Academy's team. Please read the following statements carefully before you agree and submit this application.

Alliance Charter Academy in considering your employment application, may verify the information in this application and obtain additional information related to your background.

Alliance Charter Academy offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request accommodation at any time.

Personal Information:			
Candidate's Name:			
	Last	First	Middle
Address:			
	Street	City	State Zip
Phone Number:			
E-mail Address:			
Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If hired, can you submit documentation verifying your identity and your legal right to work in the U.S. within 3 business days of when you begin work for pay? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position Interest:	
Position Applying For:	Referred By:
Type of employment desired (check one):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Shift Preference:	Salary Required:
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?
Date available to begin work:	
How did you learn about this opening?	



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Education:			
	Name and Location	Graduated?	Major/Subject of Study
High School		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:	
Technical School		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:	
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:	
Postgraduate School		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:	
Other Education		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:	
Do you have any licenses, certifications, or other credentials to work in the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please list all such credentials you possess:			

Military Experience:
Have you served in the US military? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe any relevant skills acquired while serving in the US military.

Employment History							
Current:							
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Current Employer Name & Address							
From		To		Department:		Supervisor:	Phone Number:
Month	Year	Month	Year	Salary:	To Start:	To End:	()
							Employer Use Only Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/>
Job Title & Description of Your Duties:							
Reason For Leaving:							



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Previous:										
Employer Name & Address										
From		To		Department:			Supervisor:		Phone Number: ()	
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Employer Use Only</i>			
							Dates Verified <input type="checkbox"/>		Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:										
Reason For Leaving:										
Employer Name & Address										
From		To		Department:			Supervisor:		Phone Number: ()	
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Employer Use Only</i>			
							Dates Verified <input type="checkbox"/>		Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:										
Reason For Leaving:										
Employer Name & Address										
From		To		Department:			Supervisor:		Phone Number: ()	
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Employer Use Only</i>			
							Dates Verified <input type="checkbox"/>		Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:										
Reason For Leaving:										



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Have you previously worked for Alliance Charter Academy? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, from _____ to _____. Reason(s) for leaving:
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REFERENCES			
Please list three persons who know of your qualifications and work abilities (do not include relatives):			
Name:	Email Address:	Phone Number:	Relationship to Applicant:
		()	
		()	
		()	

If you have any additional documents to support your application, including but not limited to a Resume, you may attach those documents to this application.

Acknowledgment and Authorization

I certify that the information contained in this application is true and complete. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information or omission (including any misstatement) on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by Alliance Charter Academy, can be grounds for my immediate termination from Alliance Charter Academy.

I authorize Alliance Charter Academy to check and verify any information listed above, including but not limited to my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. I release the company, my former employers, and all other persons and entities, from any claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

I understand that this application is not a contract, offer or promise of employment and that if hired, I will be an at-will employee. As such, I will be able to resign at any time for any reason. Likewise, Alliance Charter Academy can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than Alliance Charter Academy has the authority to enter into an employment contract or agreement with me and that my at-will employment can be changed only by a written agreement.

Candidate's Signature

Date

