

Dr. Howard Fuller Collegiate Academy

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I. L	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		D.O.B.:	
Position applied for:					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		

EDUCATION					
College			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Teacher	Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE

Branch	None	From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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