# **Crown of Jewels Academy Employment Application**

## Applicant Information

Full Name:		Birth Date:			
First	M.I.	Last			
Address:					
Street Address		City	State	Zip Code	
Phone:	Email:				
Social Security #:	Date Availab	le:	Desired Sal	ary:	
Position Applying for:					
Are you a citizen of the Unite	d States? Yes ( )No (	]If no, are you	authorized to w	ork in the U.S?	
Have you ever been convicte	d of a felony? Yes 📄 N	lo ] If ves. I	Explain:		
	,·····,·····,·····,·····				
	Emergency	Contacts			
Name:	Phone#	:	Relatio	onship:	
Name:	Phone#:		Relationship:		
Name:	Phone#	:	Relationship:		
	Educa	tion			
High School:	Address:				
From:To:				a:	
		<b>A</b> al al a			
College:To:	Did you Grad	Address:			
10					
		Address:			
From:To:	Did you Grad	luate? Yes	No( ) Diploma	a:	

### Qualifications/Special Considerations

Please list any other Information you feel qualifies you for the desired position, as well as any special considerations.

List three characteristics that will make you a valuable employee and teacher.

#### **Training Record**

Please attach resume and any pertinent information that will assist in the interview process. (diploma, Training certificates, References, CPR Training, 1<sup>st</sup> Aid Training, Credentials, Degrees, Etc..)

Orientation	Date Completed	Certificate:	YES	NO
PAHT	Date Completed	Certificate:	YES	NO
Ongoing Taining	Date Completed	Certificate:	YES	NO
Ongoing Training	Date Completed	Certificate:	YES	NO
Ongoing Training	Date Completed	Certificate:	YES	NO
CPR Certification	Date Completed	Certificate:	YES	NO
1 <sup>st</sup> Aid Certification	Date Completed	Certificate:	YES	NO
Negative T.B Skin-test	Date Completed	Certificate:	YES	NO

#### References

Please list two professional references.	
Full Name:	Relationship:
Company:	
Address:	
Full Name:	Relationship:
Company:	
Address:	

## Previous Employment

Company:		Phone:				
Address:		Supervisor:				
Job Title:	St	arting Salary:	Ending Salary:			
Responsibilities:						
From:	To: Rea	ason for Leaving:				
May we contact your	recent Supervisor for a re	ference? Yes( )No				
Company:			Phone:			
Address:		Supervisor:				
Job Title:	St	arting Salary:	Ending Salary:			
From:	To: Rea	ason for Leaving:				
May we contact your	recent Supervisor for a re	ference? Yes( )No				
	Milita	ary Services				
Branch:			From: To:			
Rank at Discharge:		Type of	Discharge:			
If other than honorab	le, explain:					
	Disclaime	er and Signatu	re			
I certify that my answ	ers are true and complete	e to the best of my ki	nowledge.			
	ds to employment, I under ew may result in my releas		nisleading information in my			
Signature:			Date:			
	Soc	cial Media				
Facebook:	Instagra	m	Twitter:			
Employee Hired						
Interview Date:	Hire Date:	Rate of Pay:	Start Date:			
Director Signature:						