CHOICE ACADEMIES INC

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date

PERSONAL INFORMATION

Last Name | First Name | Middle Name

Street Address

City | State | Zip Code

Primary Phone Number | Email Address

POSITION AND AVAILABILITY

Position Applying For

☐ Part-time ☐ Full-time ☐ Substitute

Salary Desired | Date Available to Work

(Note: In order to be considered for employment, your file must include a completed application, satisfactory background check, and an IVP fingerprint clearance card from the Department of Public Safety.)

Are you a U.S. Citizen or Permanent Resident Alien?

☐ Yes ☐ No

How were you referred to us?

Have you ever been employed under another name?

☐ Yes ☐ No

If yes, list name(s) here

EDUCATION

	School Name	City, State	Years Attended	Degree	Major
High School					
College					
Graduate					
Other					

EMPLOYMENT HISTORY

List most recent job first. Account for all time including paid and non-paid experience.

EMPLOYER 1

Company Name | From (Mo/Yr) | To (Mo/Yr) | # Years

Company Address | City / State / Zip Code

Type of Business | Supervisor's Name / Phone Number

Job Title | Salary

Core Job Responsibilities

Reason for Leaving (optional)

May we contact this employer?

☐ Yes ☐ No

EMPLOYER 2

Company Name | From (Mo/Yr) | To (Mo/Yr) | # Years

Company Address | City / State / Zip Code

Type of Business | Supervisor's Name / Phone Number

Job Title | Salary

Core Job Responsibilities

Reason for Leaving (optional)

May we contact this employer?

☐ Yes ☐ No

Employment History (continued)

EMPLOYER 3

Company Name | From (Mo/Yr) | To (Mo/Yr) | # Years

Company Address | City / State / Zip Code

Type of Business | Supervisor's Name / Phone Number

Job Title | Salary

Core Job Responsibilities

Reason for Leaving (optional)

May we contact this employer? ☐ Yes ☐ No

EMPLOYER 4

Company Name | From (Mo/Yr) | To (Mo/Yr) | # Years

Company Address | City / State / Zip Code

Type of Business | Supervisor's Name / Phone Number

Job Title | Salary

Core Job Responsibilities

Reason for Leaving (optional)

May we contact this employer? ☐ Yes ☐ No

PERIODS OF NON-EMPLOYMENT

For periods of non-employment (four weeks or longer), list the date and reason.

Date	Reason

PRIOR EMPLOYMENT AND CRIMINAL HISTORY

Because of the tremendous responsibility Choice Academies has to its students and community, the following information is needed from all applicants and employees regarding prior employment and/or criminal history. Answering "Yes" to any of the following will not necessarily result in denial of employment. Consideration of all circumstances, including the date and nature of events that led to the actions described below will be taken into account.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding minor traffic violations not involving any allegation of drug or alcohol impairment)? "Conviction" means the final judgment on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court or competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "Yes," you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

☐ Yes ☐ No *(If yes, attach explanation)*

2. Have you ever been dismissed (fired) from a job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer "Yes" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "Yes" you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

☐ Yes ☐ No *(If yes, attach explanation)*

3. Have you ever had a license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "Yes," you must provide the dates of the proceedings, name, address, and telephone number of the agency or body where the proceedings took place, a statement of the accusations against you and the final disposition.

☐ Yes ☐ No *(If yes, attach explanation)*

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer "Yes," you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.

☐ Yes ☐ No *(If yes, attach explanation)*

SKILLS

Languages Spoken Other Than English

- [ ] Typing, WPM
- [ ] Medical Training
- [ ] Computer Training
- [ ] Music
- [ ] First Aid / CPR
- [ ] Drama
- [ ] Coaching (Sports)
- [ ] Other

List special training or noteworthy achievements and applicable dates

PROFESSIONAL REFERENCES

Please provide the name, relationship, email address and phone number of three individuals not related to you who can provide information relative to your ability to perform work.

REFERENCE 1

Full Name

Relationship to Applicant

Phone Number

Email Address

REFERENCE 2

Full Name

Relationship to Applicant

Phone Number

Email Address

REFERENCE 3

Full Name

Relationship to Applicant

Phone Number

Email Address

MILITARY SERVICE

Branch of Service

Active Duty Dates

Reserve Status

Service Schools

Specialized Training

EQUAL EMPLOYMENT OPPORTUNITY

Choice Academies Inc. is an Equal Employment Opportunity Employer and operates in compliance with the Americans with Disabilities Acts (ADA). Choice Academies and its affiliates do not discriminate on the basis of race, color, religion, national origin, sex, disability or age in employment, or in any of its educational programs, or in the provision of benefits and services to students.

PLEASE READ CAREFULLY

MY SIGNATURE INDICATES I understand and agree to all of the conditions listed below:

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete. I authorize investigation of all the statements in this application including investigation of previous employment experiences and criminal background. I will execute such documents as may be necessary to facilitate this investigation. I understand that agents of Choice Academies Inc. may review any document relevant to this information. I understand that my employment is not finalized until the background investigation has been completed and I understand that falsification or omission of facts on this application will be considered sufficient cause for disqualification or dismissal.

Signature of Applicant (click inside the box to sign digitally)

Digital signature

Date Signed

Printed Name