

## **Employment Application**

		Арр	licant li	nforma	ition			
Full Name:			Date:					
Tan Hame.	Last	First	t			M.I.		
Address:								
, (44, 555)	Street Address						Apartment/Unit #	ŧ
	City					State	ZIP Code	
Phone:			E	Email				
Date Availa	ble: Soc	cial Security	y No.:			Desired	Salary:\$	<del> </del>
Position Ap	olied for:							
Are you a ci	tizen of the United States?	YES	NO	If no, a	re you	authorized to wo	YES ork in the U.S.?	NO
Have you e	ver worked for this company	YES ?	NO	If yes, v	when?_			
Have you e	ver been convicted of a felon	YES	NO					
If yes, expla	in:					Luma	<del></del>	
		13						
			Educ	ation				
High Schoo	l:		Address:_					
From:	То:	Did you g	raduate?	YES	NO □	Diploma::		
College:			Address:	_				
From:	To:	Did you g	raduate?	YES	NO	Degree:		
Other:			Address:					
From:	То:	Did you g	raduate?	YES	NO	Degree:		

	References			
ssional references	5.			
		Relationship:		
	, , , , , , , , , , , , , , , , , , ,	Phone:		
		Relationship:		
		5:		
		Relationship:		
		Dt		
	Previous Employment			
		Phone:		
		Connections		
	Starting Salary:\$	Ending Salary:\$		
in the second second		199		
To:	Reason for Leaving:			
		Phone:		
	· · · · · · · · · · · · · · · · · · ·	Supervisor:		
	0.41.40.4			
	Starting Salary:	Ending Salary:\$		
****				
To:	Reason for Le	eaving:		
		Phone:		
· · · · · · · · · · · · · · · · · · ·	Starting Salary:\$	Ending Salary:\$		
		aving:		
	To:	Previous Employment  Starting Salary:\$  To: Reason for Le		

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.  I authorize Suncoast Academy to inquire as to my record of any or all persons and of my former employers. In the event of my employment with Suncoast Academy, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior the date effective.  It is my understanding that the first three months of my employment are probationary, and if my services have no proved satisfactory, my employment may be discontinued on a week's notice without prejudice.  Signature:  Do NOT WRITE IN THE SPACE BELOW  Date to start work  Temporary  Program  Program  Position  Replaces  Salary		Physical Reco	ord	
Previous serious illnesses (describe briefly)	How would you describe your genera	al health? Date	e of last physical exam	
Have you ever been seriously injured?	Have you any defects in hearing?	Vision?	Speech?	
Are there any physical or personal limitations on the type of work you can do with children at school or the amount of time you can spend at work?  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.  I authorize Suncoast Academy to inquire as to my record of any or all persons and of my former employers. In the event of my employment with Suncoast Academy, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior the date effective.  It is my understanding that the first three months of my employment are probationary, and if my services have no proved satisfactory, my employment may be discontinued on a week's notice without prejudice.  Signature:  Do NOT WRITE IN THE SPACE BELOW  Date to start work  Temporary  Program  Program  Program  Replaces  Salary	Previous serious illnesses (describe l	briefly)		
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DO NOT WRITE IN THE SPACE BELOW  Date to start workProgramProgram PositionReplacesSalary	proved satisfactory, my employmen	nt may be discontinued on a v	week's notice without prejudice.	
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PositionSalary				
	Date to start work	Temporary	Program	
REMARKS	Position	Replaces	Salary	
	REMARKS			
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