



## Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Date available to start: \_\_\_\_\_

### Current Employment

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  
 Y or  N

Employer Name: \_\_\_\_\_

Length of time worked there: \_\_\_\_\_

Position: \_\_\_\_\_ Current Salary: \_\_\_\_\_

### Computer Skills

Can you type?  Y or  N

What computer programs are you familiar with (e.g. Word, Excel, PowerPoint, InDesign, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Education, Training and Experience**

### **High School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

### **College / University:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N

Degree earned: \_\_\_\_\_

### **Graduate School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N

Degree(s)/Diplomas earned: \_\_\_\_\_

### **Vocational School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N

Certificate(s) earned: \_\_\_\_\_

**Professional Certifications:**

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**Military:**

Branch: \_\_\_\_\_ Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_ Skills/duties: \_\_\_\_\_

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Related details: \_\_\_\_\_

**Additional Information**

Do you speak, write or understand any foreign languages? [ ] Y or [ ] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be: \_\_\_\_\_

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Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [ ] Y or [ ] N

If yes, please explain: \_\_\_\_\_

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## History of Employment

For each position you have held, please supply the following information on a separate sheet of paper:

Dates worked (Year & Month)  
Name of Employer  
Address/phone  
Type of Business  
Position Title & description  
Salary (Start & Finish)  
Reason for Leaving

Please attach a resume. Include in that resume any training and experience you have had with Study Technology.

## Professional Conduct (all questions must be answered):

**Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation including dates, locations and current status of the case.**

Have you ever been charged with, convicted of or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations?  
 Y or  N If yes, explain fully.

Have you ever been denied a professional license, certificate, permit, credential, endorsement or registration?  Y or  N

Has your professional license (except for drivers license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?  
 Y or  N

Have you ever resigned, been restricted, disciplined or discharged from any positions, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charges?  Y or  N

NOTE: An applicant will not be turned down for employment solely because he/she has been convicted of a crime. The particular crime, the date of

conviction, the circumstances of the crime and the relation of the nature of the crime to the position being applied for can be considered by the Corporation in making the decision.

### **Criminal Background Check**

As an educational non-profit organization that works with people of all ages Applied Scholastics Spanish Lake requires that all employees receive a Criminal Background Check and a Sexual Registry Offenders check.

The charges on these background checks vary from state to state. The potential employee pays the fees for these searches and if hired would be reimbursed by Applied Scholastics Spanish Lake.

By filling out the attached authorization form, you authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

### **References:**

Please supply 3 people (with all contact information specified) that are not related to you who can provide 1st hand information about your work skills and performance within the past 4 years.

Name:	Name:	Name:
Position:	Position:	Position:
Company:	Company:	Company:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:

**Authorization to Release Information  
(Initial next to each point as having read, understood and where applicable specifically authorize.)**

\_\_\_\_\_ I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

\_\_\_\_\_ Further, I authorize all employers, institutions, government agencies and persons named as references to release information for use in establishing my qualifications and credentials for this position. This authorization:

- removes all liability from those who provide information and verification in response to any information I have stated in applying for this job or any information that has a bearing on my suitability for employment with Applied Scholastics Spanish Lake,
- releases Applied Scholastics Spanish Lake and any agent acting on its behalf from any and all liability of whatever nature in requesting or using such information to assess my candidacy for employment.
- is valid during my entire candidacy and during any resulting period of employment with Applied Scholastics Spanish Lake.

\_\_\_\_\_ I authorize Applied Scholastics Spanish Lake to research and investigate, through the references I have supplied and any other lawful channels, my employment history, education, skills and any other matter related to my qualification for the position applied for.

Signature: \_\_\_\_\_

**(Initial next to each point as having read and understood.)**

\_\_\_\_\_ I understand that nothing in this application, interview and/or testing process or in any prior or subsequent written or oral statement, is intended to create an offer of employment or a contract of employment or any rights in the nature of a contract between Applied Scholastics Spanish Lake and myself.

\_\_\_\_\_ I agree and understand that if Applied Scholastics Spanish Lake hires me, my employment will be "at-will", for an indefinite

period of time, and may be terminated at any time, with or without cause or notice, at the option of Applied Scholastics Spanish Lake or myself.

\_\_\_\_\_ I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by an Applied Scholastics Spanish Lake officer.

\_\_\_\_\_ I further acknowledge and agree that no promises or representations contrary to any of these points are binding on the Corporation unless stated in writing and signed by an authorized Applied Scholastics Spanish Lake officer and myself.

Signature: \_\_\_\_\_

Applied Scholastics Spanish Lake is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, sex, disability or age. We assure you that your opportunity for employment with Applied Scholastics Spanish Lake depends solely on your qualifications.

Please return completed application by mail or email to:

Applied Scholastics Spanish Lake  
11755 Riverview Drive  
Saint Louis, MO 63138  
314-355-6355  
c.gerson@appliedscholastics.org

**ACKNOWLEDGEMENT AND AUTHORIZATION  
FOR CONSUMER REPORTS  
Applied Scholastics Spanish Lake**

In connection with your application for employment (including contract for services), with Applied Scholastics Spanish Lake, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Other Names Used: \_\_\_\_\_

*Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.*

DL #: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_