



## David Emanuel Academy Employment Application

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

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address: \_\_\_\_\_ years \_\_\_\_\_ months

Driver License: State \_\_\_\_\_ Number \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Have you ever previously worked for David Emanuel Academy? Yes No

If yes, please complete the following. Dates: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

Please list your addresses in the past five years:

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

For what position are you applying? \_\_\_\_\_

What interests you about the position for which you are currently applying? \_\_\_\_\_

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

What has prepared you for the position for which you are currently applying? \_\_\_\_\_

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

## Employment History

Dates of Employment (List most recent first)	Company Name & Address (City, State)	Supervisor Name & Phone Number	Position Held	Reason for Leaving Position
Started: Ended:				
Started: Ended:				
Started: Ended:				

## Educational History

School Name	School Address (City, State, Zip)	Type of School	Name of Program or Degree	Program completed?

## References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known person?	Has this person agreed to provide a reference?

## Volunteer Experience

Please list your volunteer experiences with non-profit organizations.

Organization	Duties	Dates	Contact Person	Phone

David Emanuel Academy appreciates your willingness to share your skills. Providing safe and secure programs for our students is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

\_\_\_\_\_ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time.

\_\_\_\_\_ My signature indicates that I have read and understand the above.

**Do not sign until you have read and initialed the above statements.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Printed Name:** \_\_\_\_\_