



# Employment Application

## Personal Information

Name \_\_\_\_\_  
First Middle Initial Last

Current Address \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ h (\_\_\_\_) \_\_\_\_\_ cell Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor (other than minor traffic offenses)?

Yes No

If your answer is yes please provide complete details on a separate sheet stating date, charge, place and action taken.

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)*

Yes No

Are you legally eligible to work in the United States?

Yes No

## References

### Professional:

Name	Position/Occupation	Address	Phone Number

### Personal:

Name	Position/Occupation	Address	Phone Number

Do we have permission to contact these people at this time? Yes No

If no, please check which reference numbers **not** to be contacted: 1 2 3 4 5 6

**In lieu of completing this page only, please attach a resume.**

**Education** (College or University, High School - Begin with most recent)

Dates	Name of Institution	Major	Minor	Year of Graduation	Degree

**Work Experience** - Begin with most recent (Include student teaching if less than 2 years experience)

From	To	Company/School	Address	Supervisor & Phone

Add here any certifications, special honors, outstanding achievements, awards, etc., or individual strength not identified earlier in this application, which you feel, will assist in arriving at a true estimate of your qualifications.

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Organizations or other activities (Communities or Professional) in which you take an active part (mention any office(s) you have held)

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In what other area(s) would you be able to contribute to the life of Sullins Academy (e.g. coaching, after-school, enrichment, etc.) ?

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Either below or on another sheet, please state why you want to teach at Sullins.

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information on this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in this application and any supplement. I also understand that an omission or falsification of information on this application or any supplement may result in refusal of, or immediate discharge from employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Sullins Academy that such employment with Sullins Academy is at will, for no specified duration and may be terminated by either Sullins Academy or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Sullins Academy or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Sullins Academy except the Head of School has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Head of School of Sullins Academy.

In consideration for employment with Sullins Academy, if employed, I agree to conform to the rules, regulations, policies and procedures of Sullins Academy at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Sullins Academy's business, attendance and punctuality are considered essential requirements of every job at Sullins Academy and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Sullins Academy I will be required to submit to all background checks and medical screenings required by the school as a condition of employment. I understand that unsatisfactory results will result in withdrawal of any employment offer.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sullins Academy and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

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