



- APPLICATION OF EMPLOYMENT -

NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ SOCIAL SECURITY # _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO (EXPLAIN) _____

ARE YOU AUTHORIZED TO WORK IN THE US? YES NO (EXPLAIN) _____

EDUCATION

TYPE	NAME & ADDRESS	MAJOR	# YEARS	DEGREE / DIPLOMA
JR HIGH SCHOOL				
HIGH SCHOOL				
COLLEGE				
TECHNICAL / OTHER				

EMPLOYMENT RECORD

COMPANY NAME & ADDRESS	POSITION	START DATE	END DATE	RATE OF PAY

REASON FOR LEAVING _____

COMPANY NAME & ADDRESS	POSITION	START DATE	END DATE	RATE OF PAY

REASON FOR LEAVING _____

COMPANY NAME & ADDRESS	POSITION	START DATE	END DATE	RATE OF PAY

REASON FOR LEAVING _____

U.S. MILITARY SERVICE

BRANCH OF SERVICE _____

LENGTH OF SERVICE _____

RANK AND TYPE OF SERVICE _____

TRAINING / EXPERIENCE RECEIVED _____



REFERENCES (DO NOT INCLUDE RELATIVES)

Table with 5 columns: NAME, ADDRESS, OCCUPATION, TELEPHONE NUMBER, YEARS KNOWN

EMPLOYMENT

POSITION DESIRED: SALARY DESIRED:

SKILLS / EXPERIENCE

ADDITIONAL EXPERIENCE OR AREAS OF STUDY:

HAVE YOU APPLIED OR BEEN EMPLOYED BY MESA ACADEMY FOR ADVANCED STUDIES BEFORE? NO YES (WHEN)

DO YOU HAVE ANY RELATIVES THAT ARE EMPLOYED BY MESA ACADEMY FOR ADVANCED STUDIES? NO YES (NAME)

APPLICANT'S STATEMENT

I understand that the employer follows and "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state and federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: Date:

STAFF USE (DO NOT WRITE IN)

SUBJECT / AREA / POSITION:

CERTIFICATION:

REFERENCE INFO:

FINGER PRINT INFO:

COMPUTER SKILLS:

NOTES: