



Employment Application

Equal Opportunity Employer Prospective employees will receive consideration without regard to race, color, sex, citizenship status, religion, age, national origin, disability, disabled veteran or other legally protected status.

PERSONAL INFORMATION

Smoke Free/Drug Free Workplace

Date of Application _____

Date of Birth _____

Name (Last) _____ (First) _____ (Middle) _____ Social Security Number _____

Present Address (Street) _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____ E-mail _____

Position Desired _____ Min Salary Requirements _____ Willing to relocate? Yes No How referred? _____

Special skills suitable for this position: _____

Are you legally eligible for employment in the U.S.? Yes No

Are you at least 18 years of age? Yes No If not, can you obtain a work permit? Yes No

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain: _____

MILITARY SERVICE Yes No

Branch _____ Rank on Discharge _____ Areas of Specialization _____ Dates of Service _____

EDUCATIONAL BACKGROUND

| <i>Name and Location</i> | <i>Major</i> | <i>Graduated?</i> | | <i>Degree</i> |
|--------------------------|--------------|-------------------|----|---------------|
| _____ | _____ | Yes | No | _____ |
| High School | _____ | Yes | No | _____ |
| College | _____ | Yes | No | _____ |
| Vocational | _____ | Yes | No | _____ |
| Other | _____ | Yes | No | _____ |

EMPLOYMENT HISTORY

Dates of Employment: From _____ To _____ Employer _____
Position _____ Address _____
Duties _____ City, State, Zip _____
Immediate Supervisor _____ Telephone _____
Supervisor's Title _____ Fax _____
Salary \$ _____ Reason for Leaving _____ May we contact? Yes No

Dates of Employment: From _____ To _____ Employer _____
Position _____ Address _____
Duties _____ City, State, Zip _____
Immediate Supervisor _____ Telephone _____
Supervisor's Title _____ Fax _____
Salary \$ _____ Reason for Leaving _____ May we contact? Yes No

PHYSICAL REQUIREMENTS/WORK CONDITIONS

Do you have the ability to lift and carry up to 50 pounds and if necessary, work in both hot and cold temperatures? Yes No
If no, please explain. _____

APPLICANT'S STATEMENT

I authorize, without reservation, any party or agency contacted by this employer or its agents to furnish any of the above mentioned information or any other information requested. I understand that misrepresentation or omission of facts called for is a cause for dismissal. I understand that as a condition of employment, I may be required to take such medical examinations as may be required by Focus Learning Academy of Central Columbus, including drug or alcohol screening. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. Further, I understand and agree that my employment is at will and for no definite period and may be terminated at any time with or without cause.

Printed Name of Applicant _____
Signature of Applicant _____ Date _____