



Joseph Academy

Job Application

(Pre-Enrollment Questionnaire--An Equal Opportunity Employer)

Date:	
-------	--

PERSONAL INFORMATION

Last Name		First Name & Middle Initial	
Permanent Street Address (Include building, apartment number, suite, etc.)			
City		State	Zip Code
Home Telephone Number ()		Work Telephone Number ()	
Alternate Telephone Number ()		Email Address	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Visa or Immigrant Status? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT DESIRED

Position		Date You Can Start	Salary Desired
Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, May We Inquire Of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have You Ever Applied To Joseph Academy Before? Yes <input type="checkbox"/> No <input type="checkbox"/> When?		Referred By	

EDUCATION, CERTIFICATION & TRAINING

Languages other than English:

Name of School, City State	Number of Years Attended & Degree(s) Earned	Did You Graduate?	Subjects Studied?
Grammar	Years Attended	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
High School	Years Attended	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
College	Years Attended	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Post Graduate Studies	Years Attended	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	

GENERAL (Subjects of special study or research work)

Subjects of special study or research work:

List all computer skills and computer programs:

Special Skills:

Activities and organizations:

Exclude organizations which name indicates the race, creed, sex, age, marital status or origin of its members.

U.S. Military or Naval Service	Rank	Present membership in national guard or reserves? Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------	------	---

FORMER EMPLOYERS (list below last three employers, starting with the most recent)

Date Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			

Which of these jobs did you like the best?

What did you like most about this job?

REFERENCES (Give the names of three persons, not related to you, whom you have known at least one year)

Name	Address / Phone	Years Known	Relationship

IN CASE OF EMERGENCY NOTIFY

Name	Address	Phone Number

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the companies option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its executive director, and then only when in writing and signed by the executive director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date Signature of Applicant

DO NOT WRITE BELOW THIS LINE			
Interviewed By:	Date:	Hired:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks:			
Neatness:	Ability:	Salary/Wage:	
Date Reporting to work:		Approved By:	