



Application for Employment

4225 Portsmouth Blvd., Chesapeake, VA 23321 Phone (757) 488-4306

The information requested below must be submitted on this application form. A resume or additional information may be attached as a supplement. To be eligible for employment, you must:

1. *Be 18 years of age*
2. *Possess a high school diploma or GED*
3. *Complete the VA Criminal Background Check Form*
4. *Complete the Child Protective Services Background Check Form*
5. *Meet licensing requirements*

Applicant's Full Name: _____
Last First Middle Maiden

Other Names: _____

Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.

Present Mailing Address: _____
Street

_____ City State Zip

Past Mailing Address: _____
Street

_____ City State Zip

Permanent Mailing Address: _____
Street

_____ City State Zip

Telephone Numbers: _____ Home _____ Cell

Email Address: _____

Date of Birth: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Address: _____

1. EMPLOYMENT

List Position(s) Desired: Administrative: _____

Teacher: _____ Full-Time _____ Part-Time _____ Substitute

2. EDUCATION & PROFESSIONAL TRAINING

LEVEL OF EDUCATION	NAME OF SCHOOL OR UNIVERSITY	STATE	FIELD OF STUDY	TYPE OF DEGREE	YEAR OF GRADUATION	DATES ATTENDED
HIGH SCHOOL						
COLLEGE OR TRADE SCHOOL						
COLLEGE OR TRADE SCHOOL						

Certifications or Professional Organizations (First Aid/CPR, MAT, Food Handlers, VAECE, etc):

3. EMPLOYMENT HISTORY AND/OR TEACHING EXPERIENCE

Begin with your present or most recent employment and work backwards to provide a complete employment history.

May we contact your present employer? _____ Yes _____ No

Present/Last Employer

Name & Location of Business: _____

Position Held: _____ Dates Employed: From _____ to _____

Duties Performed:

Supervisor Name & Title: _____ Phone Number: _____

Reason for Leaving:

Former Employer

Name & Location of Business: _____

Position Held: _____

Dates Employed: from _____ to _____

Duties Performed:

Supervisor Name & Title: _____

Supervisor Phone Number: _____

Reason for Leaving:

Former Employer

Name & Location of Business: _____

Position Held: _____

Dates Employed: from _____ to _____

Duties Performed:

Supervisor Name & Title: _____

Supervisor Phone Number: _____

Reason for Leaving:

4. PERSONAL DATA

Are you a citizen of the United States of America? Yes No

If "no", are you a legal alien? Yes No

List any relatives employed by Western Branch Academy and cite relationship:

5. GENERAL INFORMATION

Date available for employment: _____

Have you ever been the subject of consideration or recommendation for termination of employment?

Yes No If "yes", please explain:

Are any criminal or non-civil charges or proceedings pending against you?

Yes No If "yes", please explain:

Do you have any medical condition(s) that may interfere with fulfilling the responsibilities of the position for which you are applying? Yes No If "yes", please explain:

6. REFERENCES

Please list references below:

	1 ST REFERENCE	2 ND REFERENCE	3 RD REFERENCE
NAME OF REFERENCE			
TITLE			
ORGANIZATION			
MAILING ADDRESS			
PHONE NUMBER			
RELATIONSHIP			
YEARS KNOWN			

I unconditionally verify that I have made true and complete answers and statements on this application in the knowledge that they may be relied upon in consideration of my application.

Applicant Signature _____ Date _____