



George Gervin Academy

APPLICATION FOR EMPLOYMENT

(Complete all sections thoroughly. A resume may be attached but may not substitute for completion of the application.)

Date: _____

Print Name: _____
Last First Middle

Address: _____
Street City State Zip

Social Security Number: _____ Telephone Number () _____

Position(s) applied for (1) _____ (2) _____

Hours or shift preferred _____ Available to start work _____

Specify restrictions, if any, of days and hours (e.g., class schedule) _____

Full Time ☐ Part Time ☐ Temp ☐ Minimum Compensation Requirement \$ _____

Are you at least 18 years of age? Yes ☐ No ☐

Are you authorized to live and work in the United States? Yes ☐ No ☐

Have you ever been convicted of or fined and/or sentenced, including probation, for any criminal offense (misdemeanor or felony), or have you ever pleaded guilty or "no contest" (nolo contendere) to any criminal offense (misdemeanor or felony)? Yes ☐ No ☐

If yes, give dates and places of any convictions, pleas, fines and/or sentences, and explain or describe them. (Attach separate paper, if necessary). A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at time of conduct, and rehabilitation will also be taken into account.

Please describe any accommodations you may need to perform the essential functions of the job for which you have applied.

Clerical Skills/Computer Skills

Typing Speed _____ Keyboard Skills (Data Entry) _____

List any additional skills, education or training related to the position applied for: _____

Record of Education

Please include name and address of school and under what name attended, if different

	Course of Study	Year Completed	Did you Graduate?	Diploma or Degree
High School:		1 2 3 4		
College:		1 2 3 4		
Other (specify):		1 2 3 4		

Employment History

Please list all previous employers, if further space is needed, attach additional paper.

Present of Most Recent Employer	Telephone () Ext.
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes___ No___ Known by another name

Present of Most Recent Employer	Telephone () Ext.
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes____ No____ Known by another name

Present of Most Recent Employer	Telephone () Ext.
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes____ No____ Known by another name

List any Boards you have served on in the last 12 months _____

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentations, or omissions made on this application will be considered sufficient cause for GGYC to deny or terminate my employment upon discovery. I understand that employment with GGYC is “at will” and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and GGYC may terminate or modify the employment relationships, at any time, with or without motive or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment to work overtime. If employed by GGYC, I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any organization or individual furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with GGYC. I understand that either refusal to submit to the test or failure to test per GGYC’s policy will disqualify me from consideration and/or continuation of employment.

I understand this application remains current for only thirty (30) days. At the conclusion of that time, if I have not heard from GGYC and still want to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Signature of Applicant: _____ Date: _____

GGYC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status or any other characteristic protected by law. Auxiliary aids will be made available upon request.