



Waterfall Canyon

A C A D E M Y



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Waterfall Canyon Academy/OakGrove School to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. In order for you to be considered for employment, this application must be filled out in it's ENTIRETY. Please write "N/A" if information is not applicable. Resumes, though certainly welcome, should not be submitted in place of information requested in this application. Answers that are illegible or incomplete may prevent us from considering your application.

DATE: \_\_\_/\_\_\_/\_\_\_

FIRST MIDDLE LAST NAME SOCIAL SECURITY NO.

PRESENT ADDRESS CITY STATE ZIP

PERMANENT ADDRESS (if different than above) CITY STATE ZIP

HOME PHONE #

CELL PHONE #

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

If not, VISA TYPE: VISA NUMBER: EXPIRATION:

Table with 2 columns: 'If applicant is hired - SUPERVISOR MUST COMPLETE THIS SECTION BEFORE TURNING IN TO HR OFFICE' and 'TO BE COMPLETED BY HR DEPT'. Includes fields for hire date, program, position, wage, supervisor signature, and a checklist of requirements like Court Dockets, Live Scan, Drivers License, Social Security Card, TB Test, Food Handler's Permit, and N/A option.

## POSITION INFORMATION

Position Applied For: \_\_\_\_\_

Referral Source-

Advertisement (Specify): \_\_\_\_\_

Placement Service (Specify): \_\_\_\_\_

School (Specify): \_\_\_\_\_

Other: \_\_\_\_\_

Are you willing to work any shift, including weekends?  YES  NO

Indicate shift(s) you will happily work:  Day  Swing  Graveyard  Weekdays  Weekends

\*\*This does not guarantee the attainment of preferred shifts.\*\*

Additional comments regarding your availability: \_\_\_\_\_

How soon following notification can you start? \_\_\_\_\_

- Have you ever been employed by the company?  YES  NO  
If so, when? \_\_\_\_\_ Where? \_\_\_\_\_
- Are any relatives, including in-laws, employed by the company?  YES  NO  
If so, give name, relationship, position and job location: \_\_\_\_\_
- Have you ever previously applied for employment at the company?  YES  NO  
If so, when? \_\_\_\_\_
- Have you previously interviewed with the company?  YES  NO  
If so, when? \_\_\_\_\_ By whom? \_\_\_\_\_ For what position? \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR
		YES	NO	
High School				
College or University				
College or University				
Other (Technical, Vocational, Graduate, etc.)				

List any scholarships, academic honor, awards, or special achievements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List languages, other than English, in which you can converse:

\_\_\_\_\_ Fluent?  YES  NO

\_\_\_\_\_ Fluent?  YES  NO

## EMPLOYMENT HISTORY

IMPORTANT! Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page if necessary.

### PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY (Begin/End)	DATES EMPLOYED (Begin/End)
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
TITLE OF YOUR POSITION	DEPARTMENT		
JOB DUTIES			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY (Begin/End)	DATES EMPLOYED (Begin/End)
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
TITLE OF YOUR POSITION	DEPARTMENT		
JOB DUTIES			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY (Begin/End)	DATES EMPLOYED (Begin/End)
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
TITLE OF YOUR POSITION	DEPARTMENT		
JOB DUTIES			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PREVIOUS EMPLOYER**

FULL NAME OF COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SALARY (Begin/End) \_\_\_\_\_ DATES EMPLOYED (Begin/End) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME & TITLE OF SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

TITLE OF YOUR POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

JOB DUTIES  
May we contact this employer?  YES  NO

Are there any periods of unemployment and/or part-time employment since you graduated or last attended high school which are not listed above or on a separate sheet?  YES  NO If yes, please explain:

\_\_\_\_\_

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated?  YES  NO If yes, please explain:

\_\_\_\_\_

**SKILLS**

LIST ANY SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO LICENSE NUMBER: \_\_\_\_\_

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH A CRIME FOR ANY VIOLATION OF THE LAW?  YES  NO IF YES, GIVE FULL PARTICULARS (The existence of a criminal record does not constitute an automatic bar to employment):

\_\_\_\_\_

## REFERENCES

Waterfall Canyon Academy/OakGrove School requires three (3) references of people who have known you for at least two years. Please make your references people not related to you, who have employed you or know of your skills and experience working in this field.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nature of Relationships: \_\_\_\_\_ Years of Acquaintance: \_\_\_\_\_

**\*\* TO BE COMPLETED BY INTERVIEWER\*\***

Comments:	
Contacted By: (Supervisor Sign or Initial)	Date of Contact:

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nature of Relationships: \_\_\_\_\_ Years of Acquaintance: \_\_\_\_\_

**\*\* TO BE COMPLETED BY INTERVIEWER\*\***

Comments:	
Contacted By: (Supervisor Sign or Initial)	Date of Contact:

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nature of Relationships: \_\_\_\_\_ Years of Acquaintance: \_\_\_\_\_

**\*\* TO BE COMPLETED BY INTERVIEWER\*\***

Comments:	
Contacted By: (Supervisor Sign or Initial)	Date of Contact:



## APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY my answers to the foregoing questions are true and complete and I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I further understand any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application I acknowledge the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made, and I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM by submitting this application I agree to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand only the General Manager of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and any such agreement must be in writing.

I UNDERSTAND if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)  
I do qualify under the following:

- I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application. It will remain under consideration for ninety days. It will not be necessary for you to reapply during this ninety-day period. Your interest in Waterfall Canyon Academy/OakGrove School is appreciated.