



UNION ACADEMY APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR UNION ACADEMY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

UNION ACADEMY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. (Employment is contingent upon furnishing evidence of identity and employment eligibility.)

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE VOLUNTARY SECTION FOR EQUAL EMPLOYMENT OPPORTUNITY INFORMATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER EXCEPT AS REQUIRED ON THE DISCLOSURE AND CONSENT RELEASE FORM.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN UNION ACADEMY. UNION ACADEMY WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS STUDENTS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Equal Employment Opportunity Information

Union Academy policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority. Union Academy is an equal opportunity employer, in accordance with law.

Last Name _____			First Name _____			Middle Name _____			Date of Birth _____ (Month) (Day) (Year)		
Address _____				City _____				State _____		Zip Code _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				ETHNIC GROUP 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black or African American 3. <input type="checkbox"/> Hispanic or Latino 4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Pacific Islander or Native Hawaiian 6. <input type="checkbox"/> American Indian (including Alaskan native) 7. <input type="checkbox"/> Two or more races							



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Last 4 digits of Social Security No.		Last Name		First Name		Middle Name	
Address (Street number and name)				City		County	
State		Zip Code		Phone (Home or where you can be reached)		Cell Phone	
						Business Phone	
Availability Do you now work for the State of NC? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you perform the essential functions of the job for which you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please list functions you cannot perform on a separate sheet) Are you related by blood or marriage to any person now working for Union Academy <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and relationship to you.				Date of Application _____ Email Address _____	
CHECK the types of work you will accept: <input type="checkbox"/> 1. Regular full-time <input type="checkbox"/> 2. Regular part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel							
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____							
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____							
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____							
Education Circle highest grade completed: _____ GED _____ College _____ Graduate School _____ Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.							
Schools	Name and Location	Dates Attended (mo/yr) From: To:		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list): 							
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: 							
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. _____ Registration: _____ State: _____ No. _____							
Membership in professional, honorary, or technical societies (list): 				DO NOT COMPLETE THIS BLOCK			
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____			
Licenses and certifications (List, giving dates, states and sources of issuance as well as expiration dates where applicable): 							

SKILLS

CHECK the following skills, experiences, etc., which you have:

☐ Driver's License

Number _____ State _____

☐ Commercial Driver's License☐ P Endorsement
☐ S Endorsement

Number _____ State _____

☐ Sign Language☐ Foreign language (specify) _____☐ Adding Machine/calculator☐ Typing (specify WPM) _____☐ Shorthand/speedwriting (specify WPM) _____☐ Programming☐ Bookkeeping☐ Word Processing☐ Other _____Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NOHave you ever been professionally disciplined in any state. (Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government.) ☐ YES ☐ NODischarged or requested to resign from a former position? ☐ YES ☐ NOThe subject of consideration, recommendation, or action for non-renewal of contract? ☐ YES ☐ NO

If the answer to any of the above questions is "YES", please give a full explanation on an additional sheet.

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Starting Salary

\$ _____ per

Ending or Current Salary

\$ _____ per

Reason for Leaving

May We Contact Employer

YES ☐ NO ☐

Date Separated (mo/yr)

List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked
per week:

Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Starting Salary

\$ _____ per

Ending or Current Salary

\$ _____ per

Reason for Leaving

Date Separated (mo/yr)

List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked
per week:

Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Starting Salary

\$ _____ per

Ending or Current Salary

\$ _____ per

Reason for Leaving

Date Separated (mo/yr)

List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked
per week:

PERSONAL

Total years teaching experience (Do not include student teaching). _____

Why are you applying to teach at Union Academy? _____

What do you feel are your strengths as a teacher or as a prospective teacher? _____

Do you have a special talent or skill of which we should be aware? _____

Have you had unusual experiences (work, travel, training, activity) which you think are important and valuable to you as a prospective faculty member? _____

Are you willing to come to Monroe at your own expense for a personal interview? Yes ☐ No ☐

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

REFERENCES

Give at least five non-family references, including two references from whom written information is requested. Include supervisors under whose direction you have taught and who have first-hand knowledge of your character, personality, teaching ability and experience. Providing this information means that you give Union Academy permission to contact the references listed.

	<u>Reference Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone #</u>
1.				
2.				
3.				
4.				
5.				



APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Union Academy

Account Number: 101-101542

Applicant Name: (First Middle Last)	Current Address: (street address)		
Other Name(s) Used: (like Maiden)	City:	State:	Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)		
Social Security No:*	City:	State:	Zip:
Driver's License No.: State:	Former Address: (2)		
Date of Birth: * Place of Birth: (City, State, Country)	City:	State:	Zip:

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

APPLICANT:

Signature: _____

Print Name: _____ Date: _____

