

Sundance Canyon Academy

Employment Application

| PERSONAL INFORMATION | | | | | | | | |
|---|-----------------------------------|--------------------------|----------------------|----------|------------------|--------------------------------|--|--|
| | | | | | | | | |
| Last Name: | First Name: | | | | Social Securi | Social Security Number: | | |
| | | | | | | | | |
| Street Address: | | | | | | | | |
| | | | | | | | | |
| City | | | | | Zip Code | Zip Code | | |
| | | | | | | | | |
| Home Phone: | none: Cell Phone: | | | | E-mail Addres | E-mail Address: | | |
| Are you a citizen of the United States? | If no, are you authorized to work | | | holl C 2 | Con Vou Brow | Can You Provide Documentation? | | |
| | | _ | to work in the U.S.? | | | | | |
| Yes No Have you ever been convicted of a felor | |]No | If yes, exp | lain: | Yes No | | | |
| | | | ii yes, expiaiii. | | | | | |
| STATE OF THE PROOF OF THE PRO | | | | | | | | |
| WORK FREI ERENGE | | | | | | | | |
| Date Ava | | te Available: | vailable: Position A | | plying For: | Expected Wage: | | |
| ☐Temporary ☐Seasonal | | | | | | | | |
| Will You Work Sundays? | | | | | | | | |
| | | | | | | | | |
| EDUCATION | | | | | | | | |
| Did You Graduate From High School? Yes No If Yes, Which High School? | | | | | | | | |
| | | | | | | | | |
| College or University Attended: | Did You Gra | Did You Graduate? Yes No | | | Degree Of Study: | Degree Of Study: | | |
| | | | | | | | | |
| PERSONAL REFERENCES | | | | | | | | |
| Name | Phone Num | Phone Number | | | Years Known | Association | | |
| 1. | | | | | | | | |
| | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

| EMPLOYMENT HISTORY | | | | | | | |
|--|---|---|--|--|--|--|--|
| Company: | Job Title: | Ending Salary: | Reason For Leaving: | | | | |
| Responsibilities: | | | | | | | |
| Name of Supervisor: | Phone: | May We Contact Your Supervisor For A Reference? | | | | | |
| | | Yes No | | | | | |
| Company: | Job Title: | Ending Salary: | Reason For Leaving: | | | | |
| Responsibilities: | | | | | | | |
| Name of Supervisor: | Phone: | May We Contact Your Supervisor For A Reference? | | | | | |
| | | ☐Yes ☐No | | | | | |
| Company: | Job Title: | Ending Salary: | Reason For Leaving: | | | | |
| Responsibilities: | | | | | | | |
| Name of Supervisor: | Phone: | May We Contact Your Supervisor For A Reference? | | | | | |
| | | Yes No | | | | | |
| Sundance Canyon Academy has a strong commitment to that are employed are subject to drug testing. In the even conditional offer of employment will be withdrawn, or it consideration for employment without discrimination be status. | ent an applicant or employee declines to be tes f employed will result in discipline up to and inc | sted or tests positive for ill cluding terminations. App | egal drug and alcohol use, any licants will receive | | | | |
| Providing false and/or inaccurate information on this ap application for employment you are stating that the information on the information of the information on this appropriate information on the information of | ormation you have provided is true and accura | ite. Further, when you sub | mit your application for | | | | |
| APPLICANT'S SIGNATURE: | | | DATE: | | | | |
| | | | | | | | |
| Please provide a copy of your driver's license, social security card, CPR, First Aid Certifications and any other Training Certificates relevant to employment with Sundance Canyon Academy. | | | | | | | |