

Sarasota Military Academy

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Name:		Date:	
Address			
City		State	Zip Code
Home Phone:	Cell Phone:	Email Addr	ess:
Position Applied For:		Are you certified to teach in FL? Yes/No	
Type: certification or letter of eligi	ibility? Number:		
Referred By:		Salary Desired:	

EMPLOYMENT HISTORY:

List all employment for the past 7 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From /	Employer Name	Supervisor Name	Starting Salary
Employed Until /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Respons	sibilities		
Employed From /	Employer Name	Supervisor Name	Starting Salary
Employed Until /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	

Duties and Respo	nsibilities		
Employed From /	Employer Name	Supervisor Name	Starting Salary
Employed Until /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Respo	nsibilities		
Employed From /	Employer Name	Supervisor Name	Starting Salary
Employed Until /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Respo	nsibilities		

OTHER EMPLOYMENT INFORMATION:

Have you ever interviewed with SMA □ Yes □ No	If yes, list dates(s), Job title(s) & Location(s)
Have you ever been employed by SMA? \Box Yes \Box No	If yes, list date(s), Job title(s) & Location(s)
Do you have any relatives employed by SMA? □ Yes □ No	If yes, list name, date(s), Job title(s) & Location(s)
Are you at least 18 years of age? □ Yes □ No	If under age 18, do you have a work permit? □ Yes □ No

GENERAL INFORMATION:

Yes No

- □ Were you referred by someone to Sarasota Military Academy? If so, who? _____
- \Box \Box May we contact your current employer for references?

- □ □ Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- □ □ Have you ever been convicted of a felony or a misdemeanor? Please specify the details:_____

An admission of guilt does not necessarily prohibit you from becoming employed by Sarasota Military Academy

CERTIFICATION & AUTHORIZATIONS:

The above information is true and correct. I understand that, in the event of my employment by Sarasota Military Academy, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Sarasota Military Academy to inquire into my educational, professional and past employment history and references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Sarasota Military Academy and will hold Sarasota Military Academy and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Sarasota Military Academy to obtain credit and consumer reports.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Sarasota Military Academy is intended to create an employment contract between myself and Sarasota Military Academy under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Sarasota Military Academy at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The documents) provided will be used for completion of Form 1-9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant Signature: _____ Date: _____

Sarasota Military Academy is an EQUALOPPORTUNITY/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. The organization believes that each individual is unique and we are committed to respecting the diversity of all individuals. We embrace the concept of INCLUSION, which ensures we strive to leverage everyone's unique skills to maximize our impact.

REFERENCES

Please provide four <u>business</u> references: (A business reference is a past manager, supervisor, teacher, etc.). It does not include family, friends or co-workers.

Email Addresses are required.

1.	Name:
	Title:
	Relationship to you:
	Phone number (including area code):
	Email address:
2.	Name:
	Title:
	Relationship to you:
	Phone number (including area code):
	Email address:
3	Name:
5.	
	Title:
	Relationship to you: Phone number (including area code):
	Email address:
4.	Name:
	Title:
	Relationship to you:
	Phone number (including area code):
	Email address:

ApplicantSignature: