INCARNATE WORD ACADEMY
Catholic Education & Community Since 1871

Employment Application

Print or Type Only

First Name	Middle Name	Last Name	Suffix

Maiden Name	Alias/Nickname

Street Address

City	State	Zip

Home Phone	Cell Phone	Email address

Social Security Number	Date of Birth	Driver's License # or ID #	DL State

Are you employed now? ◯ Yes ◯ No If so, may we inquire of your present employer? ◯ Yes ◯ No

Have you ever worked or volunteered for this company before? ◯ Yes ◯ No

If yes: Month and Year _____ Location _____

Are you legally eligible for employment in the United States? ◯ Yes ◯ No

Who referred you to the company? _____ Desired Salary: _____

Please list your addresses for the past four years:

1. _____ 2. _____

3. _____ 4. _____

Emergency Contact Information

Name: _____

Telephone: _____

Address: _____

City, State Zip: _____

Education	Name and location of school Address, city, state, Zip	Years Completed	Did you Graduate?	Degree or Diploma and Course of Study
Elementary				
High School				
College				
Graduate, Trade Or Other School				

Volunteer Experience (use separate sheet if needed)

Organization	Duties	Dates	Contact	Phone

General information

Special Training	Special Skills	Special Study	Research Work	Certificates

References **Was an interview conducted?** ◯ **Yes** ◯ **No**

Reference Name	Address City, State Zip	Daytime Phone	How long known?	Date checked
Professional/Civic				
Professional/Civic				
Personal				

Employment Record

Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving
Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving
Employer and Type of Business		Telephone
Address		Employed—Month and Year From: To:
Job Title	Supervisor's Name	Pay/Salary Start: End:
Describe your work		Reason for Leaving

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments etc.

AN EQUAL OPPORTUNITY EMPLOYER: Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran's status, or the presence of a handicap or disability.

Incarnate Word Academy (IWA) appreciates your willingness to share your faith, gifts, and skills. The information gathered in this application is designed to help us provide safe and secure programs and academic excellence for our IWA community. Please read and initial each of the statements below.

_____ I understand that my employment can be terminated, with or without cause, at any time at the discretion of either IWA or myself, and in accordance with the employment contract for contracted employees.

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from employment.

_____ I hereby authorize IWA to conduct a personal and professional background check for the purposes of my application at IWA. IWA may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the employers contact with the individuals for purposes of employment or volunteer services.

_____ I also hereby give complete permission for IWA to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of my employment or volunteer services.

_____ I waive any right that I may have to inspect any information provided about me by the persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.

_____ I understand that a fingerprint and criminal background check will be conducted prior to my service. I authorize investigations of all statements contained in the application.

_____ I agree to observe all of my employer's guidelines and policies for the position in which I am applying.

_____ I understand that IWA has a **ZERO TOLERANCE FOR ABUSE** and takes all allegations of abuse seriously. I further understand that IWA cooperates fully with the authorities to investigate cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide employment and/or volunteer services and that refusal to inform my employer of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ As a condition of my employment, I understand that at such time or times during my employment as IWA shall require, I may be required to undergo urinalysis to detect the illegal use of drugs. Additionally, I understand that I shall be required to undergo urinalysis as a prerequisite to my employment. I further understand that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, I understand that the results of any such examinations shall be made available to IWA.

_____ My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements.

Applicant Signature: _____ **Date:** _____

INCARNATE WORD ACADEMY

Consent to perform History/Background Check
In Compliance with the FCRA (Fair Credit Reporting Act)

I, _____, am an applicant for employment with _____.
(Name of person filling out form) (Name of Church/School/Department)

As a part of the application process I have been advised that IWA conducts a fingerprint and **criminal history check** that may include a **credit report and or motor vehicle report**. I do hereby consent to the use of any and all information provided to IWA in the application process to be used in the criminal history/background check. The following are my responses to questions about my criminal history (if any).

1. Have you ever been convicted of a criminal offense other than a minor traffic violation? ◯ YES ◯ NO
2. Have you ever been arrested for, been accused of, or been convicted of any criminal offense involving a crime against a child, against the elderly, or against a disabled person? ◯ YES ◯ NO
3. Have you ever been placed on probation or received deferred adjudication, or other pretrial diversion process for any criminal offense involving a crime against a child, against the elderly, or against a disabled person? ◯ YES ◯ NO
4. Have you ever been subject to any court order or supervision (including pretrial) for any criminal offense involving a crime against a child, against the elderly, or against a disabled person? ◯ YES ◯ NO
5. As of the date of this consent form, do you have any pending charges against you? ◯ YES ◯ NO
6. If **Yes**, please provide offense, date of offense or conviction and location of court: _____

   _____
7. Has your driver's license ever been revoked or suspended? ◯ YES ◯ NO
8. If **Yes**, please provide offense, date of offense or conviction and location of court: _____

   _____
9. Other than the previous information provided, is there any other fact or circumstance, involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

   If **Yes**, please explain: _____

   _____

   _____
10. If you answered **Yes** to any of these questions, please explain here: _____

    _____

    _____

    _____

Agreement and Authorization (Please initial each statement below)

_____ The information contained herein is true and complete to the best of my knowledge.

_____ I understand that false information may be grounds for not accepting me or for immediate termination of employment at any point in the future if I am accepted.

_____ I understand that it is my personal obligation in maintaining a safe environment for all, to notify my principal or supervisor if I am arrested, accused of, or convicted of a crime after signing this form.

_____ I hereby authorize Incarnate Word Academy to inquire and verify any information contained in this application or which I submit as part of this application process.

Signature _____ Date _____