



DATE OF APPLICATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT CSA?  FACEBOOK  GOOGLE  CSA WEBSITE  FRIENDS/FAMILY  PROFESSIONAL  OTHER: \_\_\_\_\_

# Employment Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
FIRST MIDDLE LAST PREFERRED

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you a citizen of the United States? Yes No

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

## Job Interests/Skills .....

Position(s) applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you ever applied for a position at CSA before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested:  Full Time  Part Time  Summer Camp  Friday After School Program

Date you could begin working: \_\_\_\_\_

## Education .....

	NAME & LOCATION	COURSE OF STUDY	# OF YRS	AVG. GRADE	MAX. GRADE	DEGREE, DIPLOMA, CERTIFICATE & HONORS RECEIVED
High School	_____	_____	_____	_____	_____	_____
College or University	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Other Certifications (i.e. Reading)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____



**Summarize any special skills or qualifications you may have for this position:**

.....

**In one paragraph, please state why you are qualified for this position:**

.....

**Additional notes or comments:**

.....



**Employment History** | LIST MOST RECENT FIRST

1

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Supervisor & Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ FROM TO \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Supervisor & Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ FROM TO \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Supervisor & Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ FROM TO \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



References

NAME	RELATIONSHIP	CELL PHONE	WORK PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Acknowledgement:** I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize Capitol School of Austin to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above-mentioned references from any and all liability for any damages that may result from information collected by Capitol School of Austin. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

**Drug Policy & Termination Notice:** I certify that as a condition of employment, I will not engage in the unlawful manufacture, possession, use, sale, or distribution of drugs, alcohol, inhalants, or any controlled substance, or under the influence of same, while on Capitol School of Austin premises or in the conduct of Capitol School of Austin business off-site. Violation of this policy shall constitute grounds for discharge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment At-Will Notice:** If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment Prior to Background Investigation Waiver:** I certify that all the information contained in my employment application is true to the best of my knowledge. I further understand I am being afforded the opportunity to begin employment prior to the completion of my background history. When my background history is complete, and if it is determined I gave false statements, or any omission of a material fact, I may be subject to immediate discharge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing Official: \_\_\_\_\_ Date: \_\_\_\_\_