



Paramount Academy
**Application for
CLASSIFIED SUPPORT STAFF EMPLOYMENT**

PERSONAL DATA (Please type or print)

Name (Last, Middle, First) _____

Mailing Address: Street or P.O. Box _____

City _____ State _____ Zip _____

Phone Number (Home): _____ (Cell): _____ (Other): _____

Are you a U.S. citizen? YES or NO If no, do you have legal authorization to work in the
United States? YES or NO

Social Security No. _____ When are you available for employment? _____

POSITION DESIRED

If you are applying for a specific vacant position, please list _____

If you are applying for positions that may open in the future or you are interested in other types of positions, please check each category below in which you are interested and for which you are qualified:

Custodial Instructional Aide/Classroom Support Secretarial/Clerical Office Support
 Food Service Maintenance/Labor/Crafts Other (list general category) _____

Would you accept any of the following types of employment? Part-time Substitute Temporary
List the days of the week, time of year, time of day or other information regarding when you are generally available to work:

Date of Application _____

EDUCATION, TRAINING & SKILLS

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6

Last High School Attended	Location	Graduation Date

Name of Colleges, Trade, Business or Other Training Schools Attended	Location	Major or Field of Study	Graduation Date	Dates Attended From	To	Type of Degree/Diploma

Describe any special training received in addition to that listed above _____

If you have any of the following skills, please check the appropriate box:

___ Typing Words per minute _____ ___ Shorthand Words per minute _____

___ Journeyman skill level in construction or trades List skills/trades _____

___ Other: List any other skills you have relevant to the job you are applying for _____

EMPLOYMENT EXPERIENCE & OTHER QUALIFICATIONS

Indicate the following areas in which you have experience and are proficient:

COMPUTER USE (List program(s), version & years of experience)

___ Word processing _____

___ Spreadsheet _____

___ Desktop Publishing _____

___ Database _____

___ Other _____

List any other special qualifications, experience or skills you may have (licenses, certificates, skills with certain tools or machines, volunteer or community service, memberships, etc.) _____

Do you have a Driver's License? ___ YES or ___ NO ___ Commercial(CDL)(driver's license may not be necessary for employment)

EMPLOYMENT EXPERIENCE (List most recent experience first and indicate whether position was full-time or part-time)

1. Name of employer _____
 Mailing address: Street or P.O. Box _____
 City: _____ State: _____ Zip: _____
 Dates of employment: From (month/year) _____ To (month/year) _____ Last Salary _____
 Immediate supervisor: Name: _____ Title _____ Phone: _____
 Title of the position you held: _____ Reason for leaving: _____
 Brief description of duties & responsibilities: _____

2. Name of employer _____
 Mailing address: Street or P.O. Box _____
 City: _____ State: _____ Zip: _____
 Dates of employment: From (month/year) _____ To (month/year) _____ Last Salary _____
 Immediate supervisor: Name: _____ Title _____ Phone: _____
 Title of the position you held: _____ Reason for leaving: _____
 Brief description of duties & responsibilities: _____

3. Name of employer _____
 Mailing address: Street or P.O. Box _____
 City: _____ State: _____ Zip: _____
 Dates of employment: From (month/year) _____ To (month/year) _____ Last Salary _____
 Immediate supervisor: Name: _____ Title _____ Phone: _____
 Title of the position you held: _____ Reason for leaving: _____
 Brief description of duties & responsibilities: _____

OTHER RECENT WORK EXPERIENCE (List most recent experience first)

Employer's Name	Location	Position/Nature of Work	Dates

If you have ever served in the U.S. military:
 Dates served _____ Branch of service _____ Type of discharge _____

REFERENCES & OTHER INFORMATION

PERSONAL REFERENCES (Give names and addresses of three references who have firsthand knowledge of your personality, character and work habits – do not include personal friends or relatives, former employers or co-workers are preferred)

Name(complete)	Position, Title or Occupation	Address	Phone

OTHER INFORMATION:

Have you ever been involuntarily terminated or asked to resign from employment? YES or NO If yes, please give the following:

Name of employer _____ Date of termination/resignation _____

Reason for the termination or request of resignation _____

Are you currently employed? YES or NO If yes, state briefly your reason for desiring a change:

Please list any foreign languages in which you are fluent: _____

Did you have a job-related accident in your last job? YES or NO If yes, describe accident, injury and number of work days lost. (A “yes” answer will not necessarily prohibit you from being considered for employment with the Paramount Academy)

Are you aware of any reason you would not be able to perform the duties of the position for which you are applying? YES or NO If yes, please explain: _____

If you have ever worked or applied for work under a different name, give name: _____

I hereby certify that the information presented on this application, its attachments and related forms is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Paramount Academy Charter School District. I authorize the Paramount Academy Charter School District to make reference checks and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Applicants Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for the job based upon job related qualifications without regard to race, religion, color, age, national origin, sex, physical handicap or disability or other protected classifications under state and federal equal opportunity laws.