

Please Print

**EMPLOYMENT APPLICATION  
CAROUSEL FAMILY SERVICES  
VERITAS ACADEMY**

530 E. Ireland Road Bldg. B  
South Bend, IN 46614

An Equal Opportunity Employer M/F

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_ 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Expected \_\_\_\_\_ (Circle One) Per Hr. Wk. Mo. Yr. \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ /19\_\_\_\_

Are you applying for Full Time?  Part Time?  Either?  What Shift (s) Will you work? \_\_\_\_\_ Before School  After School  School Days Out  Summers

How did you learn that the job was available? \_\_\_\_\_ May we contact your present employer? Yes  No

Clerical Skills (Clerical Applicants Only) Typing Yes  No  Shorthand Yes  No  Spreadsheet Yes  No  Are you an American Citizen Yes  No

**EMPLOYMENT HISTORY** Present position first and your name during that employment. (include military service)

Company	From Mo/Yr	To Mo/Yr	Title & Duties	Last Salary	Supervisor's Name	Reason for Leaving
Name: _____						
Address: _____						
Phone: _____						
Name: _____						
Address: _____						
Phone: _____						
Name: _____						
Address: _____						
Phone: _____						
Name: _____						
Address: _____						
Phone: _____						

**PROFESSIONAL AND TECHNICAL INFORMATION**

Do you hold a valid teaching certificate in this state? \_\_\_\_\_ Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all the states in which you hold a valid teaching certificate \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Employment No. \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Starting Date \_\_\_\_\_

Starting Salary \_\_\_\_\_

References Sent \_\_\_\_\_

References Received \_\_\_\_\_

New Position \_\_\_\_\_

Replacement \_\_\_\_\_

Rehire \_\_\_\_\_

Last Term Date \_\_\_\_\_

FT \_\_\_\_\_ PT \_\_\_\_\_ Perm \_\_\_\_\_ Temp \_\_\_\_\_

Hours Scheduled \_\_\_\_\_

Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name and Address of School	Dates Attended		Last Year Completed	Did you Graduate?	Diploma or Degree Rec'd	Subject of Specialization
		From	To				
High							
College							
College							
Specialized Training (Specify)							

**ADDITIONAL INFORMATION**

Personal References (Not Relatives or Former Employers)	Name	Address	Phone No.	Occupation

Have you ever been convicted of a felony or other crime of dishonesty or breach of trust or damage to the person or property of others?  YES  NO If yes, give dates and explanations. (Conviction does not automatically exclude you from consideration for employment and you will be given the opportunity to explain any conviction.)

Do you have any physical limitations, handicaps or health problems that could affect your successful performance of the job for which you are applying?  YES  NO  
 IF YES, EXPLAIN: \_\_\_\_\_

Approximate number of days absent from work during your last year of work: (Do not include Holidays/Vacations) \_\_\_\_\_  
 Have you ever received Worker's Compensation?  YES  NO If Yes, describe the circumstances that might affect your ability to perform the job for which you are applying: \_\_\_\_\_

Have you received payment for:	YES	NO	CASES	YEAR	NO. OF WEEKS (OR REASON FOR PAYMENT)	TYPE OF INJURY OR ILLNESS (OR REASON FOR PAYMENT)	EMPLOYER'S NAME AND ADDRESS	NAME OF INSURANCE COMPANY THAT MADE PAYMENTS
WORKERS COMPENSATION?			1					
DISABILITY INSURANCE?			2					
UNEMPLOYMENT INSURANCE?			1					
			2					

**EMPLOYMENT AGREEMENT**

I UNDERSTAND I am applying for (CHECK ONE):  FULL-TIME  PART-TIME employment. I further understand that any false statements made as a part of this application will be sufficient cause for my dismissal. I also grant permission for the authorities of this institution to investigate my references and release said institution from any and all liability resulting from such investigation.  
 I CONSENT to any and all medical and physical examinations required by this institution and UNDERSTAND that if I am employed I will be on a probationary basis for at least 90 days from my date of employment. Upon my termination of employment I AUTHORIZE the release of reference information on my work by this institution.

Date: \_\_\_\_\_ Written Signature of Applicant \_\_\_\_\_