



Application for Employment

An Equal Opportunity Employer

Twin Peaks Charter Academy does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

As part of the application process, TPCA may conduct background checks on applicants.

— PLEASE TYPE OR PRINT IN INK —		Today's Date
Name		Social Security Number (optional)
Address		How Long?
City	State	Zip Code
Daytime Telephone		Home Telephone
Position for which you are applying		
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If part time, specify hours or days	What is your minimum salary requirement?
Do you have any commitments to another employer that might affect your employment with us?		Date available for work

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license in this state? Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 16 years old or over? If under 18, state age _____ . Yes No

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job?
If Yes, explain: _____ Yes No

Name _____

Twin Peaks Charter Academy

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed (from-to)		Title	
	Name and Title of Supervisor		Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed (from-to)		Title	
	Name and Title of Supervisor		Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	City	State	Zip Code
	Dates Employed (from-to)		Title	
	Name and Title of Supervisor		Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties			
	Reason for Leaving		Last Salary \$	

Name _____

Twin Peaks Charter Academy

EMPLOYMENT HISTORY (CONT.)

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

Name _____

Twin Peaks Charter Academy

BUSINESS REFERENCES

(List three employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		
2.		
3.		

Person to be notified in case of emergency:

Name	Telephone
Address	

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors, which are more than five years old.

California Applicants: You may exclude convictions for possession of small amounts of marijuana if such convictions are more than two years old.

Hawaii Applicants: Do NOT answer the criminal record questions.

Have you been convicted of any law violations? Include any plea of "guilty" or "no contest". (Exclude minor traffic violations.)

Yes No

If yes, describe: _____

(A conviction will not necessarily disqualify an applicant for employment.)

Are criminal charges now pending against you?

Yes No

If yes, describe: _____

Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Date

Signature: _____



Affirmative Action Information

An Equal Opportunity Employer

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

Completion of this form is VOLUNTARY and in no way affects the hiring decision regarding your application for employment. This form is CONFIDENTIAL and will MAINTAINED SEPARATELY from your application form.

Please Print

Name: _____ Date: _____
Last First Middle

Position Applied for (List one position only): _____

What is your race/ethnic Origin?

(You may mark one or more of the following)

- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** – A person having origins in any of the black racial groups of Africa
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your Gender?

- Male**
- Female**



Release Authorization
To Be Completed By All Applicants

As part of its employment screening and selection procedures, **Twin Peaks Charter Academy**. (the “TPCA”) requires a background and reference check for its employees and prospective employees. The objective of the investigation is to verify the accuracy of the information provided through the application process, to check references and identify other factors that might be relevant to the TPCA’s employment requirements. Prior to being hired and during the course of your employment, if hired, the TPCA may obtain a consumer report and/or an investigative consumer report about you for employment purposes (the “Report”). This Report may include, but is not limited to: Department of Motor Vehicles, **current and former employers**, credit reporting agencies, military records, **school records**, professional and personal references, **criminal conviction records**, information regarding your character, experience, work habits, previous job performance, and the **reasons for termination at previous places of employment**

Please print full name: Last First Middle

Please print other names you have used: Last First Middle

Your Address

City State Zip

Social Security Number Date of Birth

Driver’s License Number State Issuing License

I CONSENT TO THIS RELEASE AUTHORIZATION.

Signature Date

_____ Initial here if you would like to be furnished a copy of your Consumer Report to the extent one is requested.

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES SEPARATE FROM PERSONNEL RECORDS.