



Employment Application

Jean Massieu Academy

823 N. Center St

Arlington, TX 76011

(817) 460-0396 v/tty (817) 460-9867 Fax

Fill out as completely and accurately as possible. Please type or print in ink.

Position Applied For _____

Date of Application _____

Name _____
Last First Middle

Social Security # _____

Address _____
Street/Box

_____ Email Address

_____ City State Zip Code

Telephone (____) _____ Home

(____) _____ Business/Other

If a job offer is made, will you be able to present evidence that you are a U.S. citizen or national, permanent resident alien or an alien authorized to work by I.N.S. in the U.S.?

____ YES ____ NO

Are you at least 18 years of age or older?

____ YES ____ NO

Have you ever been convicted of a felony?

____ YES ____ NO

If Yes, please give details: _____

(This information will not necessarily disqualify you from consideration for employment.)

Do you currently have any relatives employed at JMA?

____ YES ____ NO

Have you ever been employed by JMA?

____ YES ____ NO

Department _____ From _____ To _____ Position _____

Reason for Leaving _____

If NO above, have you ever applied for a position with JMA?

____ YES ____ NO

Department _____ Position _____ Approximate Date _____

How did you learn about this position? (Check as many that apply.)

Ⓒ Newspaper Help Wanted Ad (please list) _____ Ⓒ State Employment Service Ⓒ Radio Ⓒ TV

Ⓒ College or Business/Trade/Technical School (please list) _____ Ⓒ Outdoor Sign Ⓒ Walk-in/Call

Ⓒ Name of JMA Employee Who Referred You To Us _____

Ⓒ Other Source (please list) _____

NUMBER OF HOURS AVAILABLE: Full-time Part-time only Either

Please list the total number of hours per week you are available _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School	Name _____ City/State _____ Phone _____ (if known)			
Business/ Trade/ Technical	Name _____ City/State _____ Phone _____ (if known)			
College	Name _____ City/State _____ Phone _____ (if known)			
Graduate	Name _____ City/State _____ Phone _____ (if known)			

ADDITIONAL TRAINING (Seminars, Professional Memberships, Workshops, Apprenticeships)

SKILLS (List other special skills – languages, machine operation, computer, licenses, certificates, etc. – relevant to the position for which you are applying.)

EMPLOYMENT

Please give accurate, complete employment record. Include full-time, self-employment, volunteer, seasonal and temporary positions. Start with your present or most recent employer. Please complete even if you are attaching a resume.

Employer _____	Position Title _____
Address _____ _____	From (Mo/Yr) _____ To (Mo/Yr) _____
Supervisor _____	Phone (____) _____
Job Duties _____ _____	Salary – Starting _____ Ending _____
Reason for Leaving _____	
May we contact this employer? YES or NO	If No, please state reason

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Address _____ _____	From (Mo/Yr) _____ To (Mo/Yr) _____
Supervisor _____	Phone (____) _____
Job Duties _____ _____	Salary – Starting _____ Ending _____
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May we contact this employer? YES or NO	If No, please state reason

REFERENCES

List name, address, and telephone number for three references.
Do not list relatives.

1. _____

2. _____

3. _____

Please read these sections carefully and sign.

PRE-EMPLOYMENT AGREEMENT

I declare that the statements in this application are true and falsification of any fact will be the basis for refusal to hire or, if hired, of immediate termination. I agree that my employment is subject to the results of reference checks and/or employment verifications.

I understand and agree that nothing contained in this application form or the School's policy handbook, or in other rules, regulations, or policies, nor any practice, should be interpreted as creating a contract. (Copies of the handbook and other information may be received after employment begins.) I further understand that if I am employed, for any reason, both the School and I have the right to discontinue the employment relationship at any time and without prior notice.

Signature (to be signed in ink)

Date

AUTHORIZATION FOR REFERENCE REQUESTS

I have applied with Jean Massieu Academy (JMA) for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Print Name

Signature (to be signed in ink)

Date

VOLUNTARY INFORMATION

THIS INFORMATION IS KEPT SEPARATE FROM YOUR APPLICATION AND IS NOT CONSIDERED DURING OUR SCREENING PROCESS. IT IS USED FOR EQUAL OPPORTUNITY REPORTING.

INSTRUCTIONS

The policy and intent of JMA is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for JMA.

NAME _____ DATE _____

POSITION APPLIED FOR _____

Which sex are you? _____ MALE _____ FEMALE

Of the following, which racial/ethnic group do you consider yourself?

- _____ American Indian or Alaskan Native
- _____ Black (Non-Hispanic Origin)
- _____ Hispanic
- _____ White (Non-Hispanic Origin)
- _____ Asian or Pacific Islander

Do you consider yourself to be disabled? _____ YES _____ NO

Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities (performing manual tasks, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such impairment.

How did you learn about this job? (Check as many that applies.)

- _____ Newspaper Help Wanted Ad (please list) _____
- _____ State Employment Service
- _____ Radio
- _____ TV
- _____ College or Business/Trade/Technical School (please list) _____
- _____ Outdoor Sign
- _____ Walk-in/Call
- _____ Name of JMA Employee Who Referred You To Us _____
- _____ Other Source (please list) _____

If you are contacted for an interview, will you need any accessible services? _____ YES _____ NO

If Yes, please specify _____

Thank you for your assistance.