



# COMMUNITY ACADEMY OF PHILADELPHIA

## A PENNSYLVANIA CHARTER SCHOOL

### Application for Employment

Please read carefully and complete by printing in ink or typing. The application must be completed in full. Provide all information requested. You may attach a resume and supporting documents.

◆ *Unsigned or incomplete applications will not be processed.* ◆

How did you learn about us and/or this position? <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Friend /relative referral _____ <input type="checkbox"/> CAP Website <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment agency _____ <input type="checkbox"/> College/University announcement/listing _____	Position Applying for _____  Application Date _____
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#### EQUAL EMPLOYMENT OPPORTUNITY

It is our policy to seek and employ the best qualified personnel and individuals that best match the positions, to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

#### IMPORTANT

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.

Last Name				First Name				Middle Name			
Address				City				State		Zip Code	
Telephone Number				Alternate Contact Number (specify)				Email			

Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for this organization? If so, provide department(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever attended Community Academy of Philadelphia? If so, provide years _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends or relatives working for Community Academy of Philadelphia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of employment desired: (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	

## EDUCATION

List any education, training and/or specialized experience (such as trade, vocational or technical school) you feel would help you perform the work and responsibilities of the position for which you are applying.

	Name of the Institution	Location (city & state)	Course of Study	Years Completed	Diploma or Degree Yes / No
High School or Equivalent					
Undergraduate College or University					
Graduate School					
Trade or Vocational School					
Military					
Other					

### VERIFICATION AND SIGNATURE:

- I authorize the investigation of all matters which CAP deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation. I understand that Community Academy of Philadelphia reserves the right to not extend an offer of employment or retract an offer based on this investigation.
- I certify that all of the information given in this application and in any attachments, supporting documents or interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
- I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at CAP expense. I authorize release of the results to the CAP and their use to evaluate my suitability for employment. I also release CAP from all liability arising out of or connected with any examinations, inquiries and/or testing.
- This application will only be considered for this position and this job-opening announcement, unless otherwise notified by CAP.
- I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I certify that I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Unsigned or incomplete applications will not be processed.*

## Background Clearances

Criminal record, FBI and Child Abuse clearances are a requirement for employment with Community Academy of Philadelphia but not a requirement to complete the application.

## Employment History

Starting with your present or most recent, list your previous employers. If more space is needed, continue in a separate sheet. You may attach a resume, but this portion of the application must be completed in full.

Last or present company		Type of Business	Title of position held
Street address		Phone #	Brief description of job duties
City	State	Zip Code	
Supervisor's Name & Title			
Dates Employed (mo./yr.) From:		To:	
Reason for leaving or seeking other employment			
<b>May we contact your current and previous employers?</b> [ ] Yes [ ] No			

Company		Type of Business	Title of position held
Street address		Phone #	Brief description of job duties
City	State	Zip Code	
Supervisor's Name & Title			
Dates Employed (mo./yr.) From:		To:	
Reason for leaving or seeking other employment			

Company		Type of Business	Title of position held
Street address		Phone #	Brief description of job duties
City	State	Zip Code	
Supervisor's Name & Title			
Dates Employed (mo./yr.) From:		To:	
Reason for leaving or seeking other employment			

### FOR INTERNAL USE ONLY

#### NEW HIRE INFORMATION

Job Title: \_\_\_\_\_ Dept./Section: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

CAP Authorized Approval Signature: \_\_\_\_\_

Notes: \_\_\_\_\_