



THE LIFE ACADEMY OF EXCELLENCE
Employment Application

APPLICANT INFORMATION												
Last Name			First			MI		Date				
Street Address					Apartment/Unit #							
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security				Desired Salary					
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												



PREVIOUS EMPLOYMENT										
Company				Phone		()				
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
MILITARY SERVICE										
Branch				From			To			
Rank at Discharge				Type of Discharge						
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature						Date				

Please attach a copy of your Christian Testimony with this application.