



LAKE COUNTRY CLASSICAL ACADEMY APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Lake Country Classical Academy (LCCA) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee based on race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

GENERAL INFORMATION

Full Name _____	Date _____
First Middle Last	
Address _____	
Street City State Zip	
Phone number _____	Date available for work _____
Email address _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18-years-old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)	

POSITION INFORMATION

Position applied for: _____	Salary range expected: _____	
Applying for: <input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/Temporary

EDUCATION

Type of School	School Name & Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)				
College or University				
Graduate School				
Vocational or Trade School				
Other				

BACKGROUND INFORMATION

During the past ten (10) years, have you ever been terminated, suspended, or asked to resign from any position?
 Yes No If yes, please explain: _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?
 Yes No If yes, specify name: _____

Have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest. Yes No Record

PROFESSIONAL REFERENCES

List three professional references (other than those listed as a current/former supervisor) who we may contact:

Name _____ Phone No. _____
 Email Address _____ Type of Acquaintance _____

Name _____ Phone No. _____
 Email Address _____ Type of Acquaintance _____

Name _____ Phone No. _____
 Email Address _____ Type of Acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past ten (10) years, starting with the most recent or present employer, including US military service or training. Using a separate section for each position, describe in detail all work experience. You may include as part of your employment history any verifiable work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary responsibilities _____	Phone _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div>
Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary responsibilities _____	Phone _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div>
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Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary responsibilities _____	Phone _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div>

<p>How did you learn about the position? Check all that apply:</p> <p> <input type="checkbox"/> LCCA website <input type="checkbox"/> Recruiter <input type="checkbox"/> Word of mouth <input type="checkbox"/> Social media </p> <p> <input type="checkbox"/> Careers website or job board (Monster, Indeed, CareerBuilder, etc.) <input type="checkbox"/> Other </p>
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PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and other matters related to my suitability for employment.

_____ Initials

I understand that employment with LCCA is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I authorize LCCA and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on page 3 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

Unless otherwise specified, I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or LCCA at any time, with or without cause, and with or without notice.

_____ Initials

I certify that all of the above information is true and complete and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

_____ Initials

Note: An offer of employment is conditioned upon complying with any other LCCA requirements.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____