

HARVEST



Christian Academy

(864) 373-9515

EMPLOYMENT APPLICATION

310 New Neely Ferry Road
Mauldin, South Carolina 29662

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE	DATE: _____
Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div>	
Present Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street City State Zip </div>	
How Long _____	Social Security _____ - _____ - _____
Telephone (_____) - _____	
Date of Birth _____	
Position Applied: ___ Teacher ___ Teacher Assistant ___ Substitute ___ Other: _____	
Days/Hours available to work:	
No Pref. _____	Thurs _____ to _____
Mon. _____ to _____	Fri. _____ to _____
Tue. _____ to _____	Sat. _____ to _____
Wed. _____ to _____	Sun. _____ to _____
How many hours can you work weekly? _____ Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment desired: <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full or Part-Time	
How soon can you start? _____	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing Address)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction, nature of offense leading to conviction, how recently such offense was/were committed, sentencing(s) imposed, and type(s) of rehabilitation. _____

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Work Experience: Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____ Address _____ City, State Zip _____ Phone Number: _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Job Title:		
Reason for leaving (be specific):			
List responsibilities (be specific):			

Name of Employer _____ Address _____ City, State Zip _____ Phone Number: _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Job Title:		
Reason for leaving (be specific):			
List responsibilities (be specific):			

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License #: _____ State of Issue: _____ Operator Commercial Chauffeur

Expiration Date: _____

Have you ever had any accidents during the past three years? Yes No If yes, how many? _____

Have you ever had any moving violations during the past three years? Yes No If yes, how many? _____

FOR ADMINISTRATION USE ONLY: _____

Please list **two** references other than relatives or previous employers.

Name: _____

Relationship: _____ How long have you known this person? _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____ How long have you known this person? _____

Address: _____

Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of employment by Harvest Christian Academy (HCA).

I agree that both the undersigned and Harvest Christian Academy may end the employment relationship at any time without specified notice or reason. If employed, I understand that HCA may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give HCA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release HCA from any liability as a result of any inquiries made during their investigation.

I also understand that (1) HCA has a drug and alcohol policy that may require pre-employment testing as well as testing after employment (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with the Harvest Christian Academy shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter my employment relationship with HCA is terminable at will for any reason by either party.

Date: _____

Signature of Applicant: _____

Print: _____

THIS SECTION WAS INTENTIONALLY LEFT BLANK

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, nation origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.