

Professional Employment Application for the Position of _____

(Please complete all sections of this application. Enter "N/A" in those sections which do not apply.)

Personal Information

Name _____ Social Security Number _____ - _____ - _____
Last First Middle

Address _____
Street / P.O. Box

City State Zip

Please list telephone and fax numbers where you may be contacted.

Home Telephone () _____ Fax () _____

Office Telephone () _____ Fax () _____

Are you either a citizen of the United States or do you have the legal right to accept employment in the United States?
 _____ Yes _____ No

Have you ever been convicted of any crime other than minor traffic violations?
 _____ Yes _____ No

If yes, explain fully: _____

Availability: _____ Full Time _____ Part Time
 Date Available for Employment _____

Professional, Community, or College Service *(Attach additional sheets if necessary.)* _____

Academic or Professional Honors *(Attach additional sheets if necessary.)* _____

Publications *(Attach additional sheets if necessary.)*

Description	Date Published	Published By
_____	_____	_____
_____	_____	_____

References

Business and/or Professional References: *(Please list current supervisor in space 1. If you wish to be notified before this supervisor is contacted, check the box.)*

Name	Address	Telephone Number
1. _____	_____	_____ <input type="checkbox"/>
2. _____	_____	_____
3. _____	_____	_____

Educational Background

Highest Degree Earned: _____.

_____ Doctorate Major fields of study: _____

Minor fields of study: _____

_____ Masters Major fields of study: _____

Minor fields of study: _____

_____ Bachelors Major fields of study: _____

Minor fields of study: _____

_____ Associates Major fields of study: _____

Minor fields of study: _____

Colleges and Universities Attended: *(Please list highest degree first or equivalent professional training or study.)*

Institution

Degree Conferred or No. of Years Attended

Additional Training Relevant to Position Sought:

Program

Institution

Dates Attended

Certifications and/or Licenses Held Within the Last 10 Years:

Certificate or License

Granted by

Date Issued

Expiration Date

Special Teaching/Administrative/Research Areas of Interest: _____

Courses Which You are Qualified to Teach: _____

I certify that I meet the training and experience requirements as specified in the job advertisement and that all information contained in this application and in the supplementary material filed with it is true and accurate. I understand that any false statements will cause me to be disqualified and/or dismissed. I authorize the Ann and Nate Levine Academy to contact present or former employers, to verify any information pertaining to application and to obtain relevant records, and, further, I release from liability any persons or organizations furnishing such information.

Date

Signature

Please Print Your Name

Ann and Nate Levine Academy is an Equal Opportunity Employer

Equal Employment Opportunity

Confidential Applicant Questionnaire

Ann & Nate Levine Academy is an EQUAL OPPORTUNITY EMPLOYER. In an effort to meet to meet its nondiscrimination objectives, and in order to comply with federal and state Laws, regulations and guidelines, you are asked to complete this form by providing the information requested below. Please note that provision of this information is voluntary. Print or write clearly using a pen.

Name: _____

Position Sought: _____

Gender: Male Female

ETHNIC BACKGROUND

The following categories are used for standard reports required of the College.

Please check (X) the boxes that apply:

- White: An individual having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black or African American: An individual having origins in any of the black racial groups of Africa.
- Asian: An individual having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent.
- Native Hawaiian or Other Pacific Islander: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native: An individual having origins in any of the original peoples of North and South America (including Central America) AND who maintains tribal affiliation or community recognition.
- Hispanic: An individual who identifies as having Hispanic, Latino, or Spanish origins, regardless of race, and/or also identifies themselves as:
 - Cuban
 - Dominican
 - Mexican
 - Puerto Rican
 - Other Hispanic
 - Unknown
- Unknown: Unidentified or unknown

BACKGROUND CHECK
AUTHORIZATION FORM
ANN & NATE LEVINE ACADEMY

TO BE COMPLETED BY CANDIDATE

PLEASE PRINT ALL REQUESTED INFORMATION.

Name: _____
Last First Middle
(Do not enter maiden name in the above field. See Alternate Names section)

Alternate Names Used (including Maiden): _____ Gender: Male Female

Current Address: _____

City/State/County/ZIP Code: _____

Other Cities of Residence in Texas: _____ Out-of-State Resident in the Last 5 Years: Yes No

Previous Address (Outside of Texas, include County): _____

Home Phone #: (_____) _____ - _____ Hire Date: _____
(Area Code)

Ethnicity: Hispanic Not Hispanic Unable to Determine Race: American Indian/Alaskan Asian Black White
 Native Hawaiian/Pacific Islander Unable to Determine

Social Security #: _____ Date of Birth: _____

Ann & Nate Levine Academy is requesting your social security number (SSN) in order to expedite this background check. Your SSN will not be disclosed to anyone outside the Academy except as mandated by law.

Driver's License # _____ State of Issue: _____

In connection with my employment at Ann & Nate Levine Academy, I hereby authorize the Academy to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release Ann & Nate Levine Academy and its employees, from all liability resulting from the furnishing of this information to Ann & Nate Levine Academy. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for employment, or could result in disciplinary action up to, and including termination.

Signature: _____ Date: _____

This section to be completed by Ann & Nate Levine Academy

Position: _____ Department: _____

Unit/School: _____

Request Date: _____ Results Date: _____

Approved: Yes No HR Representative: _____

AUTHORIZATION FORM