

# MARTIN LUTHER KING, JR. EDUCATION CENTER ACADEMY

## APPLICATION FOR EMPLOYMENT

Desired Position \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Date Available for Work \_\_\_\_\_

Today's Date: \_\_\_\_\_

Hours Available for Work \_\_\_\_\_

### PERSONAL

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Last 4 of Social Security Number \_\_\_\_\_

Are you legally authorized to work in the U.S.?  yes  no

Are you 18 years of age or older?  yes  no

### EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EDUCATION

	School Name	Location	Major/Minor	Date of Graduation	Degree Received
H/S					
College					
College					

Other Training, Certifications or Licenses Held: \_\_\_\_\_

Additional Skills, Talents: \_\_\_\_\_

### EMPLOYMENT HISTORY

Please begin with present or most recent employer.

(1) Firm/Company \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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(2) Firm/Company \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Telephone (   ) \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_  
Position \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

(3) Firm/Company \_\_\_\_\_ Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Telephone (   ) \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_  
Position \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## PLEASE LIST THREE (3) REFERENCES

NAME	POSITION	ADDRESS	TELEPHONE	EMAIL

THE INFORMATION PRESENTED ON THIS APPLICATION IS TRUE TO THE BEST OF MY ABILITY. I AM AWARE THAT IF I PURPOSELY GAVE MISLEADING INFORMATION THAT EMPLOYMENT IF GRANTED, MAY BE TERMINATED IMMEDIATELY.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date

DO NOT WRITE BELOW THIS LINE  
OFFICE USE ONLY:

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