

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:
