



DILLARD ACADEMY CLASSIFIED PERSONNEL

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____

Today's DATE: _____

I. POSITION DESIRED

Full-time _____

Part-time _____

Bus Driver _____

Instructional Assistant _____

Clerical _____

Custodian _____

Tutor _____

Other _____

(Teacher applicants do not use this application complete Application for Professional Employment)

II. PERSONAL DATA

Birthdate: _____

Social Security Number _____

Telephone/Cell _____

Email: _____

Home Address _____

Additional Information

- I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes ___ No ___
- Have you been convicted of any offense involving sexual molestation, physical or sexual abuse or rape of a child? Yes ___ No ___ If yes please explain: _____
- Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes ___ No ___ If yes please explain: _____
- Do you have a driver's license? Yes ___ No ___ NCDL# _____ Exp. Date _____
- Have you ever been in the military? Yes ___ No ___

III. EDUCATION

High School/College	Address	Dates attended	Graduated Y/N	Diploma/Degree

If you did not graduate from high school, did you pass the high school equivalency test (GED)? ___yes ___no

IV. EMPLOYMENT RECORD (answer questions for each period of employment. References will be contacted)

Name of Last Employer _____

Date Employed _____ Date Separated _____ Starting Salary _____ Ending _____

Supervisor's Name: _____

Duties _____

Full-Time Years _____ Months _____ Part-Time Years _____ Months _____

Reason for leaving _____

Name of next to last Employer _____

Date Employed _____ Date Separated _____ Starting Salary _____ Ending _____

Supervisor's Name: _____
Duties _____

Full-Time Years _____ Months _____ • Part-Time Years _____ Months _____
Reason for leaving _____

V. SPECIAL TALENTS AND INTERESTS (Include information which will support your application for employment skills, training etc.)

REFERENCES: (Whom We May contact)

Name	Position	Address (include Zip Code)	Telephone No.

References from relatives or persons who can evaluate only your personality and character are not acceptable.

ADULT BUS DRIVER INFORMATION: (complete only if applying for Bus Driver position)

Do have NC CDL License: Yes No License No. _____ Expiration date _____

Do you have P & S endorsement Yes No

Have you ever been convicted of a traffic violation? Yes No If yes, when and what was the violation:

VI. PRE-EMPLOYMENT ALCOHOL AND OTHER DRUG TESTING CONSENT

I _____ understand that s required by the Federal Motor Carrier Safety Regulations, Title 49 code, all applicants for positions for which a commercial Driver's License is required must be tested for alcohol and other drugs as a pre-condition for employment.

I consent to the urine and breath sample collection and testing for these controlled substances required.

I understand that a positive test result for those controlled substance will render me unqualified to be hired for a position to operate a commercial motor vehicle. The results will not be disclosed without my written authorization or a court order.

Signature

Date

APPLICANT'S RELEASE OF LIABILITY (Please read before signing)

My signature below authorizes Dillard Academy to conduct a background investigation and authorizes release of information connected with my application for employment. This investigation may include such information as criminal or civil conviction, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right to access to any such information and without limitation hereby release Dillard Academy and the references source from any liability in connection with its release or use.

This release includes the sources cited above and specific examples as follows: Local Law Enforcement Agencies, Department of Motor Vehicles, Information from the North Carolina Criminal Information Center and the Division of Criminal Information either data on all criminal convictions or certification that no data or criminal convictions are maintained, information from The Department of Social Services Child Protective Services Unit pertaining in any findings of child abuse or neglect investigation involving me.

Furthermore, I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application, or dismissal from employment if I have been hired. Also, it is understood that this application and all other pre-employment data become the property of Dillard Academy.

Type name for signature

Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender (male or female), age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866.632.9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339; or 800.845.6136 (Spanish). USDA is an equal opportunity provider and employer.