



EDUCATION				
SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRACURRICULAR ACTIVITIES.

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SPECIALIZED SKILLS

COMPUTER SKILLS  
LIST PROGRAMS \_\_\_\_\_  
\_\_\_\_\_

LANGUAGE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHORTHAND  
WPM \_\_\_\_\_

OTHER \_\_\_\_\_  
\_\_\_\_\_

PERSONAL/PROFESSIONAL REFERENCES (DO NOT INCLUDE FAMILY MEMBERS)				
NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YEARS KNOWN

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION IS CURRENT FOR 6 MONTHS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



ACHIEVEMENT ACADEMY  
716 E. BELLA VISTA ST. LAKELAND, FL 33805  
863/683-6504 \* FAX 863/688-9292

DO NOT WRITE BELOW THIS LINE

INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE _____		
INTERVIEWED BY:				
REMARKS				
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT	POSITION	WILL REPORT	WAGES
APPROVED		APPROVED		

## WORK EXPERIENCE

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO