

Application for Employment
THE FRENCH ACADEMY OF MINNESOTA

Please completely fill out this application.

Failure to complete all sections may disqualify you from consideration for employment.

Position(s) Applied for		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Numbers			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a job is offered, will you be able to provide verification of your legal right to work for any employer in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
EDUCATION			
<i>List any educational degrees, programs or courses that you have taken which would be helpful for the performance of your job. Include present classes enrollment. Note that we verify educational background.</i>			
	1	2	3
School Name and Location			
Years Attended			
Diploma/Degree			
Describe Course of Study			
Teaching Certificates			
Describe any specialized training and skills			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

EMPLOYMENT EXPERIENCE

*Please provide work history by filling this section out completely, listing your four most recent employers. You must **attach a resume** AND fill out the following. Please provide explanation for any gaps in time in employment history.*

Present Employer	Date From: To:	Work Performed
Address		Salary Monthly: Yearly:
Telephone Number(s)		
Job Title	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		
Employer	Date From: To:	Work Performed
Address		Salary Monthly: Yearly:
Telephone Number(s)		
Job Title	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		
Employer	Date From: To:	Work Performed
Address		Salary Monthly: Yearly:
Telephone Number(s)		
Job Title	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		
Employer	Date From: To:	Work Performed
Address		Salary Monthly: Yearly:
Telephone Number(s)		
Job Title	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

TEACHING OR EMPLOYMENT REFERENCES

Please give three references that are not related to you but are former or current employers.

Name	
Position	
Telephone Number	
Address	
E-mail Address	
Name	
Position	
Telephone Number	
Address	
E-mail Address	
Name	
Position	
Telephone Number	
Address	
E-mail Address	

APPLICANT'S ACKNOWLEDGEMENT

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the school to investigate any information, including my employment history, educational background and record of criminal convictions that it believes is relevant to my employment application. I understand that any offer of employment by the School is contingent upon obtaining reference information through reference checks as well as upon the successful completion of a criminal history and background check. I understand that false information, omissions or misleading information or misrepresentations given in my application, resume, or during the interview process may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment. I understand that if employed, my employment will be at will and I will not have a guarantee of employment for any specific period of time unless otherwise provided in a written employment agreement signed by the School Director and me. The School is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and Federal laws.

PRINT NAME

SIGNATURE

DATE