

INCARNATE WORD ACADEMY

2920 SOUTH ALAMEDA • CORPUS CHRISTI, TEXAS 78404
APPLICATION FOR EMPLOYEES & VOLUNTEERS

PRINT OR TYPE ONLY

PERSONAL INFORMATION	Last Name	First Name	Middle Name	Social Security No.
	Street Address			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State, Zip			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Do you wish to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer			Driver License Number: _____
	Where do you wish to work: <input type="checkbox"/> Elementary Level <input type="checkbox"/> Middle Level <input type="checkbox"/> High School <input type="checkbox"/> Central Office			State: _____
	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Desired _____
	Have you ever worked or volunteered for Incarnate Word Academy before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year: _____ / _____ Location: _____			Salary Desired _____
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Who referred you to this company? _____			Contact Phone: (____) _____ - _____
	Please list your addresses for the past four years: {City or Town/County/State/Years Lived}			
	1. _____ 2. _____ 3. _____ 4. _____			

EMERGENCY	Person to be notified in case of emergency:
	Name: _____
	Telephone: (____) _____ - _____
	Address: _____ _____

VOLUNTEER EXPERIENCE (Use separate sheet if needed)

Organization	Duties	Dates	Contact	Telephone
				(____) _____ - _____
				(____) _____ - _____
				(____) _____ - _____
				(____) _____ - _____

GENERAL INFORMATION

Special Training	Special Skills	Special Study	Research Work	Certifications

EMPLOYMENT RECORD				
1	Employer & Type of Business			Telephone (____)_____-_____
	Address			Employed (Month/Year) From_____ To_____
	Job Title	Supervisor's Name		Weekly Pay Start_____ Last_____
	Describe Your Work:			Reason for leaving
2	Employer & Type of Business			Telephone (____)_____-_____
	Address			Employed (Month/Year) From_____ To_____
	Job Title	Supervisor's Name		Weekly Pay Start_____ Last_____
	Describe Your Work:			Reason for leaving
3	Employer & Type of Business			Telephone (____)_____-_____
	Address			Employed (Month/Year) From_____ To_____
	Job Title	Supervisor's Name		Weekly Pay Start_____ Last_____
	Describe Your Work:			Reason for leaving

E D U C A T I O N	School	Name & Location of School Address, City, State, Zip	Years Completed	Did you graduate?	Degree or Diploma & Course of Study
	Elementary				
	High School				
	College				
	Graduate School, Trade School or Other				

R E F E R E N C E S	Reference Name	Address (City, State, Zip Code)	Daytime Phone	How long have you known this person?	Date references were checked
	Professional/Civic		(____)_____-_____		____/____/____
	Professional/Civic		(____)_____-_____		____/____/____
	Personal		(____)_____-_____		____/____/____
	Family Member		(____)_____-_____		____/____/____

ALL CANDIDATES WILL BE REQUIRED TO UNDERGO DRUG SCREENING AND CRIMINAL BACKGROUND CHECK.

WAS AN INTERVIEW CONDUCTED? Yes No

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc.

AN EQUAL OPPORTUNITY EMPLOYER: Applicants are considered for all positions without regard to age, race, color, sex, national origin, marital or veteran's status, or the presence of a handicap or disability.