



Application for Employment

All statements and questions are to be completed. The answers will be confidential.

Personal Information		
Last Name	First Name	Initial
Street Address	City & State	Zip Code
Email Address	Mobile Phone	Home Phone
Position Information		
What position are you applying for?	When are you available to start?	
How did you learn of this job opening located at Island City Academy (ICA)? Please be specific.		
Are you legally eligible to work in the United States?		
Yes <input type="checkbox"/>		
No <input type="checkbox"/>		
Do you have any family currently working for AccessPoint Educational HR (AEHR) at ICA?		
Yes <input type="checkbox"/> If yes, please list name(s)		
No <input type="checkbox"/>		
Have you ever been employed by AEHR or its affiliated schools before?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please complete the next boxes. If no, skip to <i>Education & Skills</i> .

Dates employed (Month & Year):		to	
--------------------------------	--	----	--

Supervisor:	
-------------	--

Reason for termination:	
-------------------------	--

Education & Skills
List all high schools, colleges, universities, and special schools attended

Name of School	City & State	Major or Area Studied	Degree or Grade Completed	Year of completion

List any other credentials or certifications that you have

--

List additional languages spoken

Language 1:		Speaking ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
		Reading ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
		Writing ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
Language 2:		Speaking ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
		Reading ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
		Writing ability:	Basic working knowledge <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>

Describe additional languages & levels of proficiency in speaking, reading, and writing:

--

Work Experience

List your most recent employer first

Name of Company

Position Title

Company Address (Street, City, State, Zip)

Phone Number with Area Code

Supervisor Name

Supervisor Email

Dates Employed (Month & Year)

to

Reason for Leaving

May we contact this employer?

Yes

No

Name of Company

Position Title

Company Address (Street, City, State, Zip)

Phone Number with Area Code

Supervisor Name

Supervisor Email

Dates Employed (Month & Year)

to

Reason for Leaving

May we contact this employer?

Yes

No

Name of Company

Position Title

Company Address (Street, City, State, Zip)

Phone Number with Area Code

Supervisor Name

Supervisor Email

Dates Employed (Month & Year)

to

Reason for Leaving

May we contact this employer?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

References

List up-to-date contact information of 3 professional references. Do not list family members or personal friends. You must include at least ONE former supervisor as a reference.

Name	Professional Relationship	Organization Name	Years Known
Address		Email Address	Phone Number
Name	Professional Relationship	Organization Name	Years Known
Address		Email Address	Phone Number
Name	Professional Relationship	Organization Name	Years Known
Address		Email Address	Phone Number

Criminal History

I (applicant), _____ (print your name), represent that (check one):

_____ I have not been convicted of, or pled guilty to nolo contendere (no contest) to any crimes.

OR

_____ I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain the nature of the conviction, date of occurrence and court). Please include information on felonies or misdemeanors:

1.

2.

3.

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

1. Island City Academy must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.);
2. until that report is received and reviewed by Island City Academy, I am regarded as a conditional employee; and
3. if the report received from the Department of State Police is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of Island City Academy & AccessPoint Educational HR.
4. I understand that I may authorize any criminal background check results received since January 1, 2006, to be shared with other school districts within the State of Michigan. I further understand that I am statutorily required to report to the Island City Academy any criminal arrest(s) and convictions(s) that may have occurred since the date of my most recent criminal background check. Failure to report such arrest(s) and/or conviction(s) will nullify my employment with Island City Academy & AccessPoint Educational HR.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

I authorize AccessPoint Educational HR to make any investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, or government agency to give the court records, criminal justice records, education records, records of scholastic achievement and attendance, employment records, or personnel records.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or education records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment.

I release AccessPoint Educational HR and all providers of information from any liability as a result of furnishing and receiving this information. I also agree that a copy of this release and waiver form is as effective as the original.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on AccessPoint Educational HR and/or Island City Academy. I understand this decision is to rest with AccessPoint Educational HR and Island City Academy.

If employed, I agree to hold in strictest confidence any information concerning AccessPoint Educational HR and Island City Academy, its Insureds, and its Agents, which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of AccessPoint Educational HR, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either AEHR or myself. I understand that no representative of AccessPoint Educational HR and Island City Academy, other than Human Resources, has the authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application for Employment does not guarantee that I have been employed by Island City Academy.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Application for Employment may result in my not being considered for employment, and if not discovered by AccessPoint Educational HR until after my becoming employed, is grounds for, and may result in, my immediate termination. Furthermore, I understand that my employment with AccessPoint Educational HR at Island City Academy is contingent upon positive references from previous employers, and receipt of official transcripts.

By signing below, I also hereby authorize such a records check and agree to pay the fee charged by the Michigan State Police and any additional fees associated with an F.B.I. check.

I understand that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Type name (serves as your signature): _____

Date: _____