



Application for Employment

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on this form or during the interview process are grounds for terminating the application process, or if discovered after employment, termination of the employment relationship. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sex, sexual orientation, genetic information, or any other status protected by law or regulation. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Name		Date	
Address		How long?	
City	State	Zip	
Phone	email		
Position for which you are applying			
Check the following options you would consider		If part time, specify hours or days	What is your minimum salary requirement?
F/T	P/T		
Do you have any commitments to another employer that might affect your employment with us?		Yes	No
		Date available for work?	

EDUCATION & TRAINING				
	School Name	City and State	Degree/Diploma Major Course of Study	Degree Received?
High School/GED				
College				
College				
Graduate School				
Graduate School				
Trade School				

LICENSES/CERTIFICATIONS/SKILLS/ ABILITIES/HONORS	
If you have a license/certificate or special skill or ability, or have received a special honor that is applicable to the position for which you are applying, complete the following:	
License or Certification Type:	Certifications:
License Number:	Type:
Expiration Date:	State or Agency Granting Certification:
State or Agency Granting License:	
Skills/Abilities	
Honors:	

LANGUAGE PROFICIENCY List language skills, other than English, you have and the level of your proficiency.				
Language	Abilities (check all that apply)			
	Understand Conversationally	Speak Conversationally	Read	Write
	Understand Conversationally	Speak Conversationally	Read	Write
	Understand Conversationally	Speak Conversationally	Read	Write

GENERAL INFORMATION	
Have you ever been employed by STEM School?	Yes No
If yes, list dates employed: from _____ to _____	
Position held:	List any other name you may have been employed under:
If hired, can you furnish proof that you can legally be permitted to work in the United States?	Yes No
Are you able to perform the essential functions of the position you are applying for, with or without accommodations?	
If you are applying for a teaching position, have you ever been denied a Colorado Teaching Certificate or Teaching License or denied a Teaching License in another state? Yes No If Yes, please explain:	
If you are applying for a Teaching position, have you ever held a Colorado Teaching Certificate or License or in another state which was suspended or revoked or which you surrendered voluntarily for any reason? Yes No If Yes, please explain:	

Have you been convicted of a crime? Yes No If "Yes", please describe in the boxes below.		
"Conviction" includes conviction by a jury or court, forfeiture of bail or other security, payment of a fine, a guilty plea accepted by a court, a plea of nolo contendere, and the imposition of a deferred or suspended sentence. (Conviction will not necessarily bar an employee from consideration. In accordance with applicable state and federal laws, factors such as nature and seriousness of the offense, age at time of the offense, remoteness of the offense, time since the last conviction, nature of the job sought, and rehabilitation efforts may be relevant.)		
Incident	City/State	Charge

EMPLOYMENT HISTORY			
List employment starting with your most recent position. Include military service in the U.S. Armed Forces. Do not exclude any employment. If you need more space, use an attachment.			
Name of Most Recent Employer		Type of Business	
Address	City	State	Zip
Dates Employed: Start	End	Title	
Name & Title of Supervisor		Phone	May we contact?
Type of Employment	Brief Description of Duties		
Reason for Leaving			

Name of Previous Employer		Type of Business	
Address	City	State	Zip
Dates Employed: Start	End	Title	
Name & Title of Supervisor		Phone	May we contact?
Type of Employment		Brief Description of Duties	
Reason for Leaving			
Name of Previous Employer		Type of Business	
Address	City	State	Zip
Dates Employed: Start	End	Title	
Name & Title of Supervisor		Phone	May we contact?
Type of Employment		Brief Description of Duties	
Reason for Leaving			
Name of Previous Employer		Type of Business	
Address	City	State	Zip
Dates Employed: Start	End	Title	
Name & Title of Supervisor		Phone	May we contact?
Type of Employment		Brief Description of Duties	
Reason for Leaving			

REFERENCES

List three employment references, known to you for at least three years.

Name	Occupation	Association	Phone

Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date, if I am hired.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

TERMS OF ACCEPTANCE and SIGNATURE

I, the [applicant], warrant the truthfulness of the information provided in this application.

Electronic Signature

Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.