



**BREVARD
ACADEMY**

A Challenge Foundation Academy

For Office Use Only

Application for: _____

Application Received: _____

Available Start Date: _____

Application for Employment

Brevard Academy: A Challenge Foundation Academy
2999 Andante Lane
Brevard, N.C. 28712
Phone: 828-885-2665
Fax: 828-862-3497

Brevard Academy: A Challenge Foundation Academy is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time may result in immediate employment termination.

(Please submit a resume with this Employment Application)

Personal Information:

Social Security Number

First Name Middle Last

Street Address City State Zip Code

Home Phone # Daytime Phone # (Contact Permitted) Cell Phone #: (optional)

Have you ever been convicted of a crime (including sexual related or child-abuse related offenses?) Yes No If "yes," please explain on the reverse side of this application or include an attachment.

Position Preferences:

What position are you applying for? _____

Desired schedule: _____ Full Time: Part Time: # of hours/week: _____

Are you available to work overtime? Yes No Approximate date you can begin work: _____

Name: _____

Professional References:

Name: _____ Title: _____

Company: _____ Phone: _____

Professional relationship: _____

Name: _____ Title: _____

Company: _____ Phone: _____

Professional relationship: _____

Previous Employment:

List your current or most recent employment first. Include work related internships, military and volunteer work. Continue on another page if necessary.

Current Employer: _____

City and State: _____ Phone Number _____

Supervisor's Name and Title: _____ Position Held/Title _____

Reason for Leaving: _____

May we contact this employer? Yes No Dates of Employment: _____ to _____

Salary: Beginning _____ End _____

Previous Employer: _____

City and State: _____ Phone Number _____

Supervisor's Name and Title: _____ Position Held/Title _____

Reason for Leaving: _____

May we contact this employer? Yes No Dates of Employment: _____ to _____

Salary: Beginning _____ End _____

Previous Employer: _____

City and State: _____ Phone Number _____

Supervisor's Name and Title: _____ Position Held/Title _____

Reason for Leaving: _____

May we contact this employer? Yes No Dates of Employment: _____ to _____

Salary: Beginning _____ End _____

Name: _____

Previous Employer: _____

City and State: _____ Phone Number _____

Supervisor's Name and Title: _____ Position Held/Title _____

Reason for Leaving: _____

May we contact this employer? Yes No Dates of Employment: _____ to _____

Salary: Beginning _____ End _____

Previous Employer: _____

City and State: _____ Phone Number _____

Supervisor's Name and Title: _____ Position Held/Title _____

Reason for Leaving: _____

May we contact this employer? Yes No Dates of Employment: _____ to _____

Salary: Beginning _____ End _____

Personal Philosophy:

Please provide a short essay for each statement.

1) Why are you interested in pursuing this employment opportunity?

2) What additional skills do you have that will benefit Brevard Academy: A Challenge Foundation Academy?

Name: _____

Educational and Professional Training:

High School

School Name: _____

City and State: _____

Major or Subject: _____ GPA: _____

Diploma: Yes No

College/University

School Name: _____

City and State: _____

Major or Subject: _____ GPA: _____

Diploma: Yes No

Other College/University

School Name: _____

City and State: _____

Major or Subject: _____ GPA: _____

Diploma: Yes No

Certifications

Please list any certifications you have earned or that are in progress, and/or any additional training programs not included in your formal education.

Professional Affiliations

Please list any professional affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political beliefs or disability.)
