

DREAM CITY ACADEMY, INC.  
**APPLICATION FOR EMPLOYMENT**

Thank you for your interest in and application for employment with Dream City Academy. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. In return, Dream City Academy offers competitive wages, an excellent working environment, and the opportunity to grow with the company.

**GENERAL INFORMATION** (Please print legibly with ink)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

Home Address: (Street/Apt #) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Contact Number: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position for which application is being made (Please check all that apply)

I am available to work:  Full Time  Part Time  Mornings  Afternoons  
Position Title: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Expected Compensation: \_\_\_\_\_ Are you 18 years or older?  Yes  No

**EDUCATION:** (High School/College/Graduate School/Trade School)

Highest level of education attained: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did you graduate:  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address (Street/P.O. Box) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2nd Highest level of education attained: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did you graduate:  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address (Street/P.O. Box) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3rd Highest level of education attained: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did you graduate:  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address (Street/P.O. Box) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other education attained: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_ Last Year Completed: \_\_\_\_\_ Did you graduate:  Yes  No  
1 2 3 4

School Name: \_\_\_\_\_ School Address (Street/P.O. Box) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please complete page 2 on the other side of this application

**EMPLOYMENT HISTORY** (List most recent employment then back. Include any military service)

<b>Employer Name:</b>	<b>Dates of Employment:</b>	<b>Job Title:</b>	
	From: _____ To: _____		
<b>Employer Address: (Street/ P.O. Box)</b>	<b>City/Town:</b>	<b>State:</b>	<b>Phone Number:</b>
<b>Starting Compensation:</b>	<b>Ending Compensation:</b>	<b>Supervisor's Name:</b>	<b>Reason for Leaving:</b>
<b>Description of Duties &amp; Responsibilities:</b>			

<b>Employer Name:</b>	<b>Dates of Employment:</b>	<b>Job Title:</b>	
	From: _____ To: _____		
<b>Employer Address: (Street/ P.O. Box)</b>	<b>City/Town:</b>	<b>State:</b>	<b>Phone Number:</b>
<b>Starting Compensation:</b>	<b>Ending Compensation:</b>	<b>Supervisor's Name:</b>	<b>Reason for Leaving:</b>
<b>Description of Duties &amp; Responsibilities:</b>			

<b>Employer Name:</b>	<b>Dates of Employment:</b>	<b>Job Title:</b>	
	From: _____ To: _____		
<b>Employer Address: (Street/ P.O. Box)</b>	<b>City/Town:</b>	<b>State:</b>	<b>Phone Number:</b>
<b>Starting Compensation:</b>	<b>Ending Compensation:</b>	<b>Supervisor's Name:</b>	<b>Reason for Leaving:</b>
<b>Description of Duties &amp; Responsibilities:</b>			

**REFERENCES:** (List 2 Employment References (persons) Not Related To You, Whom You Have Known For At Least One Year)

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Years Acquainted:</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Please Read The Following Statements, Ask Any Questions, & Sign Below**

I certify that the above information is true and correct and give authorization for Dream City Academy, Inc. to check my references by contacting any persons, company or governmental entity for verification. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand that deliberate falsification of this document or significant omissions shall be grounds for employment reconsideration or dismissal from employment, if discovered at a later date. This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_