



710 North Second Street
Clarksville, Tennessee 37040

EMPLOYMENT APPLICATION

Name _____
First Middle Last

Social Security Number _____ **Gender/Please Circle:** Male/Female

Address: Street _____
City _____
State _____ Zip _____
County _____

Position applying for _____
Teacher, Coach, Teachers Aide, Administrative, Food Service, Transportation, Maintenance, etc.

Phone _____ Alternate Phone _____

Email address _____

EMPLOYMENT

(List employment for the past 7 years beginning with most recent positions held)

Employer _____ From: Month _____ Year _____

Address _____ To: Month _____ Year _____

City _____ State _____

County _____ Zip _____

Phone _____ Email _____

Name of Supervisor and Title _____

Duties _____

Reason for leaving _____

Describe your accomplishments in this position: _____

Employer _____ From: Month _____ Year _____

Address _____ To: Month _____ Year _____

City _____ State _____

County _____ Zip _____

Phone _____ Email _____

Name of Supervisor and Title _____

Duties _____

Reason for leaving _____

Describe your accomplishments in this position: _____

Employer _____ From: Month _____ Year _____

Address _____ To: Month _____ Year _____

City _____ State _____

County _____ Zip _____

Phone _____ Email _____

Name of Supervisor and Title _____

Duties _____

Reason for leaving _____

Describe your accomplishments in this position: _____

Employer _____ From: Month _____ Year _____

Address _____ To: Month _____ Year _____

City _____ State _____

County _____ Zip _____

Phone _____ Email _____

Name of Supervisor and Title _____

Duties _____

Reason for leaving _____

Describe your accomplishments in this position: _____

REFERENCES

Name _____

Position _____

Type of Reference / Association _____

Address _____

Phone _____

Email _____

Name _____

Position _____

Type of Reference / Association _____

Address _____

Phone _____

Email _____

Name _____

Position _____

Type of Reference / Association _____

Address _____

Phone _____

Email _____

EDUCATION

List education beginning with the most recent and highest grade level achieved.

Name of School _____

Address _____

Dates of Attendance _____ Major _____

Grade Level or Degree Achieved _____

Name of School _____

Address _____

Dates of Attendance _____ Major _____

Grade Level or Degree Achieved _____

Name of School _____

Address _____

Dates of Attendance _____ Major _____

Grade Level or Degree Achieved _____

Name of School _____

Address _____

Dates of Attendance _____ Major _____

Grade Level or Degree Achieved _____



BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

DISCLOSURE

I have been notified that Clarksville Academy my request that a background screening be conducted to verify any information I have provided in connection to employment or to determine my suitability for employment or retention.

Clarksville Academy may request a consumer report and/or an investigative consumer report in connection with my application for employment or at any time during my employment in accordance with all applicable laws. These reports may include information about my background, including but not limited to credit reports, criminal history records, court records, driving records, and educational and employment records. Upon written request to Clarksville Academy, I have the right to be informed when a consumer report or investigative consumer report is conducted, the nature and scope of the inquiry, and the name and address of the consumer-reporting agency providing the report.

AUTHORIZATION

My signature below authorizes the procurement of a consumer report and/or investigative consumer report upon request by Clarksville Academy in conjunction with my application for employment or during the course of my employment. The results of the reports may be shared between Clarksville Academy and the reporting agency, when necessary, and the release of consumer reports that I am authorizing will be considered for employment purposes.

I have read, understand, and agree to this Background Screening Disclosure and Authorization, and to its terms.

Print Name

Social Security Number

Signature

Drivers License Number

DL State

Todays Date

Month – Day - Year

Date of Birth/Month – Day – Year

Race

*Information requested on this form is for the purpose of accurate records verification and will not be used for any other purpose.
Federal law prohibits discrimination in employment on the basis of age, race, creed, religion, sex, or national origin.
Clarksville Academy is an equal opportunity employer.*

Clarksville Academy
710 North Second Street
Clarksville, Tennessee 37040
Telephone 931.647.6311 Fax 931.906.0610



AGREEMENT

General

I understand that I may be offered employment by Clarksville Academy subject to my selection and my ability to perform prescribed work, my availability for work, the result of reference checks and other screening procedures, and that the term of employment by Clarksville Academy is not guaranteed. Clarksville Academy or I may terminate the employment relationship at any time with or without cause, subject to all applicable laws. My employment is to be "at will". Further, I understand that any offer of employment made by Clarksville Academy will be in writing, and that no action or implication prior to a written offer is to be considered as an offer of employment.

Release of Information and Reference Checks

I authorize Clarksville Academy to contact any previous employers, references, and schools attended for verification information.

Release for Background Screening

I authorize Clarksville Academy to verify any information provided in this document. I release Clarksville Academy, its agent, employees, representatives, and the consumer-reporting agency from any and all liability resulting from the use of information regarding me.

Non-Disclosure and Assignment of Intellectual Property Rights

Without prior written approval by the resident Head of School of Clarksville Academy, I will not publish, use, copy, retain possession of, or disclose any proprietary or confidential information of Clarksville Academy. Upon termination, or at the request of my supervisor I will return or surrender any property of Clarksville Academy. In addition, I understand the ownership of any work created or completed while employed by Clarksville Academy is the property of Clarksville Academy and, I, heretofore assign any intellectual property rights that arise from my work to Clarksville Academy. Thus, my work at Clarksville Academy will be considered "work made for hire".

Communication and Information Systems User Agreement

I understand that communication and information systems used by Clarksville Academy such as e-mail, internet, intranet, voicemail, telephones, copy machines, fax machines, and the like are intended and limited to use for the legitimate business purposes and I will not be afforded any privacy when using these systems. The use of any communication and information systems in an inappropriate or offensive manner including but not limited to sexually explicit words or images, racial epithets or slurs, and/or demeaning words or images that may be considered offensive to others may result in my termination of employment and therefore release Clarksville Academy from any further obligation to me.

Certification

I certify that the information provided in this application, supporting documents, and stated verbally is accurate, and complete. Further, I understand that any omission and/or misrepresentation of facts may result in termination of employment and therefore, release Clarksville Academy of any further obligation or commitment to me as an employee.

Statement of Understanding

I certify that I am at least 18 years of age, and that I have read this agreement; I understand it, and I agree to its terms.

Signature

Date

Month-Day-Year

Print Full Name

Witness to Signature

Date

Month-Day-Year