The Davis Academy

Employment Application

PERSONAL INFORMATION

FullName:_____

Present Address: _____

Length of time there: _____years Mother's maiden name: _____

E-mail address:

Telephone (home): (_) _____ Cell: (___)_____

Driver's License/ CA ID #: _____ Date of birth: _____

Place of birth: (city) _____(state)_____ (country) _____

U.S. Citizen: Yes _____ No _____ VISA _____ Resident card #: _____

Are you bondable? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Career Goals: _____

Short-term career goal (6 months to 1 year):

_____

_____

Long-term career goal (5 to 10 years): _____

_____

_____

_____

EMERGENCY INFORMATION (Whom to contact in an emergency)

Name:_____ Relationship: _____

Address: _____

Telephone (work): ( )_____ Cell: ( )_____

Telephone (home): ( )_____

Physician's name: _____ Telephone: ( )_____

Medical Insurance: _____ Insurance group #: _____

List any medications, allergies, or special conditions:

_____

_____

_____

WORK EXPERIENCE

Start with your most recent job and work back. Unpaid positions can be considered experience. NOTE: Use additional pages as needed.

1. Company Name and Address: _____

_____

Job title: _____

Supervisor's name: _____ Phone/Cell: _____

Dates: from _____ to _____

Salary: starting _____ ending _____

Job duties: _____

_____

_____

_____

Accomplishments/Awards/Honors: _____

_____

What did you like about this job? _____

_____

What did you dislike about this job? _____

_____

2. Company Name and Address: _____

_____

Job title: _____

Supervisor's name: _____ Phone/Cell: _____

Dates: from _____ to _____

Salary: starting _____ ending _____

Job duties: _____

_____

_____

_____

Accomplishments/Awards/Honors: _____ _

_____

What did you like about this job? _____

_____

What did you dislike about this job? _____

_____

3. **Company Name and Address:** _____

_____

Job title: _____

Supervisor's name: _____ Phone/Cell: _____

Dates: from _____ to _____

Salary: starting _____ ending _____

Job duties: _____

_____

_____

_____

Accomplishments/Awards/Honors: _____

_____

What did you like about this job? _____

_____

What did you dislike about this job? _____

_____

4. **Company Name and Address:** _____

_____

Job title: _____

Supervisor's name: _____ Phone/Cell: _____

Dates: from _____ to _____

Salary: starting _____ ending _____

Job duties: _____

_____

_____

_____

Accomplishments/Awards/Honors: _____

_____

What did you like about this job? _____

_____

What did you dislike about this job? _____

_____

5. Company Name and Address: _____

_____

Job title: _____

Supervisor's name: _____ Phone/Cell: _____

Dates: from _____ to _____

Salary: starting _____ ending _____

Job duties: _____

_____

_____

_____

Accomplishments/Awards/Honors: _____

_____

What did you like about this job? _____

_____

What did you dislike about this job? _____

_____

EDUCATION AND TRAINING

High School (Current or most recently attended high school)

Name and address: _____

Have you graduated? _____ Year of graduation or year you expect to graduate: _____

In what subjects did you do best? _____

GPA: _____

Honors/ Awards / Accomplishments: _____

_____

_____

Clubs/Organizations (offices held, duties, accomplishments): _____

_____

_____

Additional High School Education (private/homeschool/other) (If does not apply, leave blank)

Name and address: _____

Year(s) attended: _____

What subjects did you focus on? _____

GPA: _____

Honors/ Awards / Accomplishments: _____

_____

Colleges Attended

Names and addresses of colleges or universities attended (most recent first):

_____

_____

_____

_____

Did you graduate? _____ Year of graduation or year you expect to graduate: _____

College Major? _____ Minor subject(s): _____

In what subjects did you do best? _____

GPA: _____

Honors/ Awards / Accomplishments: _____

Clubs / organizations / activities (offices held, duties, accomplishments): _____

_____

_____

EDUCATION AND TRAINING (continued)

Training (ROP, professional, technical training, clerical, license, or certificate))

NOTE: Make a separate entry for each training program that you completed

Name and address of educational program, technical institute, or training site:

_____

_____

Course(s) attended: _____

Description of course(s): _____

Date(s) attended: _____

Hours /credits completed: _____

Certificate(s)/ license(s) earned: _____

Honors /awards: _____

_____

SPECIAL SKILLS

ForeignLanguages:_____

Read: _____ Speak: _____ Write: _____

American Sign Language: Basic: _____ Intermediate: _____ Proficient: _____

Computer Software /Programs: _____

Expert with: _____

Knowledge of: _____

Computer Hardware /Peripheral Devices: _____

Expert in: _____

Knowledge of: _____

Clerical skills: _____ O

ACTIVITIES AND INTERESTS

Extracurricular Activities: _____

_____

Hobbies/Interests: _____

_____

Memberships in professional organizations (include offices you have held): _____

_____

Volunteer experience/community activities (duties and accomplishments): _____

_____

REFERENCES (List 3)

1.

Name: _____ Relationship: _____

Address: _____

Occupation: _____ Work telephone: ( )_____

Years acquainted: _____ Cell: ( )_____

2.

Name: _____ Relationship: _____

Address: _____

Occupation: _____ Work telephone: ( )_____

Years acquainted: _____ Cell: ( )_____

3.

Name: _____ Relationship: _____

Address: _____

Occupation: _____ Work telephone: ( )_____

Years acquainted: _____ Cell: ( )_____