

CPCS – Employment Application

Last Name		First Name		Middle Initial
Street Address	City	State	Zip Code	
Telephone Number (Day)		Telephone Number (Evening)		
Email Address				
Certification	Type	Expiration		

The Community Partnership Charter School (CPCS), an equal opportunity employer, prohibits, as does federal, state and local law, unlawful discrimination on the basis of race, color, national origin, religion, creed, sex, age, disability, marital status, past, present or future service in the uniformed services, citizenship status, sexual orientation, or any other characteristic protected by applicable law. Information provided on this application will not be used for unlawful discriminatory purpose. We will provide any reasonable accommodation or assistance you may require to complete this application or to otherwise participate in our application process. Please communicate your request for assistance/accommodation to the person who gave you this application. If you are not hired your application will be kept in our files for one year from the date of this application. You must apply to us for employment again if you wish to be considered for positions that become available subsequently. You will be asked to complete a new application at that time.

Position Desired	
Salary Desired	Date Available
How were you referred to the Community Partnership Charter School?	
Have you previously applied for employment at the Beginning w/Children Foundation or The Beginning w/Children Charter School? Yes ___ No ___	
Has the Community Partnership Charter School ever employed you before? Yes ___ No ___	

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Employment History

List full-time and part-time employment beginning with your most recent or present employer. Do not omit any position held, regardless of the length of your employment in the position. If more space is required, continue on a separate sheet. You may attach a resume, but please complete this section.

Name of Employer	Address		
Nature of Business	Name(s) of Supervisor(s)		
Duties			
Date Employed	Date Left	Reason for Leaving	
Name of Employer	Address		
Nature of Business	Name(s) of Supervisor(s)		
Duties			
Date Employed	Date Left	Reason for Leaving	
Name of Employer	Address		
Nature of Business	Name(s) of Supervisor(s)		
Duties			
Date Employed	Date Left	Reason for Leaving	

Please check whether you have experience with the following:

Microsoft Word	Excel	Access	PowerPoint	Outlook
Other				

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References

Please provide the names of three individuals you have worked with who are able to evaluate you. Do not list relatives.

May we contact your most recent or current supervisor? Yes ____ No ____

Name	Company	Title
Address		Phone
		Email
How do you know this person?		How long have you known this person?
Name	Company	Title
Address		Phone
		Email
How do you know this person?		How long have you known this person?
Name	Company	Title
Address		Phone
		Email
How do you know this person?		How long have you known this person?

Are you 18 years of age or older? Yes ____ No ____

Are you legally authorized to work in the United States? Yes ____ No ____

United States law requires that all new hires furnish within three days of their start date, documentation establishing identity and employment eligibility.

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Education

School	Name & Location	Course of Study	Number of Years Completed	Degree or Diploma
High School				
College				
Graduate School				
Other				

I understand that if an offer of employment is made to me, it can be withdrawn at any time before I begin employment at CPCS. I further understand that if CPCS employs me, my employment will not be for a definite duration and that I can resign or CPCS can conclude my employment at any time with or without cause.

I agree that if I am employed by CPCS, all work products I develop during my employment at CPCS are the property of CPCS, and I will not attempt to use any work product for any purpose other than the benefit of CPCS. I understand that all CPCS documents, reports, and correspondence are the property of CPCS, that I may neither remove nor copy this property from CPCS premises, nor copy them without express authorization of CPCS, and that failure to comply with the foregoing will be grounds for my dismissal.

I certify that the information provided on this application, and on all forms completed in connection with my application and/or employment, is true, accurate and complete. I understand that any misrepresentation of facts, significant omissions, failure to disclose information required on this application, or change in any information provided here which is not reported to the Principal of CPCS will disqualify me from further consideration for employment and will result in dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application and will hold CPCS harmless from any liability arising out of decisions made based on that information.

Signature

Date
