



Athlos Academies is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, age, sex, marital status, national origin, ancestry, disability, handicap or veteran status.

INSTRUCTIONS: Save this fillable PDF document to your computer before filling it out. Save PDF when done. Email application and resume to hr@athlosacademies.org.

PERSONAL INFORMATION

Date of Application _____ Name (Last, First, MI) _____ Phone _____

Email _____ Address _____ City _____ State _____ Zip _____

Are you over 18 years old? Yes No

Are you legally entitled to work in the U.S.? Yes No
(If offered employment you will be required to provide documentation to verify eligibility)

Driver's License: Type _____ State _____ License no. _____ Exp. date _____

SKILLS

Microsoft Office: Excel Word PowerPoint Outlook Typing WPM _____

Other software skills _____

Written languages _____ Spoken languages _____

POSITION APPLYING FOR

Position applying for _____ Salary desired _____ Date available _____

Have you ever been employed at Athlos Academies? Yes No If yes, when? _____

Do you have any relatives currently employed at Athlos Academies? Yes No If yes, name: _____

How were you referred? Employee referral _____

Job Fair Internet Other _____

Professional licenses & memberships: _____
You need not disclose memberships in professional organizations that may reveal information regarding any protected status

EDUCATION

High School/GED Name _____ City, State _____ Diploma? Yes No

College/University Name _____ City, State _____ Degree/Major _____

College/University Name _____ City, State _____ Degree/Major _____

Technical/Trade Name _____ City, State _____ Certificate/Major _____



EMPLOYMENT HISTORY

This section must be completed. Account for all of your time during the past ten years and explain any gaps in employment history. List present or most recent employer first. If you do not have enough room, please use an additional page.

Employer		Phone	
Address		City	State Zip
Job title	Supervisor name	Supervisor title	Ext.
Reason for leaving			
Name under which employed (if different)		Dates of employment	Ending annual salary
Summary of duties			
Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone	
Address		City	State Zip
Job title	Supervisor name	Supervisor title	Ext.
Reason for leaving			
Name under which employed (if different)		Dates of employment	Ending annual salary
Summary of duties			
Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Phone	
Address		City	State Zip
Job title	Supervisor name	Supervisor title	Ext.
Reason for leaving			
Name under which employed (if different)		Dates of employment	Ending annual salary
Summary of duties			
Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



PROFESSIONAL REFERENCES

Name	Title	Company	Relationship
Address	City	State	Zip
Phone	Email		

Name	Title	Company	Relationship
Address	City	State	Zip
Phone	Email		

Name	Title	Company	Relationship
Address	City	State	Zip
Phone	Email		

AUTHORIZATION & RELEASE

I hereby certify that the facts set forth above are true and complete; I authorize Athlos Academies to investigate any and all statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide Athlos Academies with all the information that they may request. I hereby release all of these persons and institutions and Athlos Academies from all liability for any damages arising from the investigation. I understand that, if employed, false statements on this application or omissions of material information may result in my termination of employment. If employed, I agree to abide by all Athlos Academies rules and regulations as they now or may exist and that failure to do so may result in my termination.

I understand that the completion of this application for employment does not guarantee employment by Athlos Academies.

I understand that Athlos Academies is a drug free workplace and that I am potentially subject to background checks and drug testing.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Athlos Academies. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Athlos Academies may terminate my employment at any time with or without notice or cause.

I hereby authorize Athlos Academies to request verification of statements on my employment application. I also give permission to the individual/company addressed above to release the information requested to Athlos Academies.

Signature	Name	Date
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