



Kingdom Castle Academy

2501 Junction City Rd

El Dorado, AR 71730 Phone:

870-310-4862

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH	GENDER	Last 4 SSN.	
PHONE NO.	SECONDARY PHONE NO.	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP

EMPLOYMENT TITLE DESIRED		
	DATE YOU CAN START	HOURLY SALARY DESIRED
EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONALLY	WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY AUTHORISED TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN	

EDUCATION				
HIGH SCHOOL	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
POSTGRADUATE	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER	LOCATION	DEGREE EARNED	YEARS ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT			
EMPLOYER NAME	PHONE NO.	START DATE	END DATE
ADDRESS	JOB TITLE		
JOB DUTIES	REASON FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME	PHONE NO.	

PREVIOUS EMPLOYMENT			
EMPLOYER NAME	PHONE NO.	START DATE	END DATE
ADDRESS	JOB TITLE		
JOB DUTIES	REASON FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME	PHONE NO.	

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EMPLOYER NAME	PHONE NO.	START DATE	END DATE
ADDRESS	JOB TITLE		
JOB DUTIES	REASON FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME	PHONE NO.	

SKILLS AND ABILITIES	
COMPUTER SKILLS	LEVEL PROFICIENT <input type="checkbox"/> ADVANCED <input type="checkbox"/> NTERMEDIATE BEGINNER
LANGUAGES SPOKEN	
SOFT SKILLS	LEVEL <input type="checkbox"/> PROFICIENT <input type="checkbox"/> ADVANCED <input type="checkbox"/> I NTERMEDIATE <input type="checkbox"/> BEGINNER

REFERENCES			
NAME	COMPANY	PHONE NO.	RELATIONSHIP
NAME	COMPANY	PHONE NO.	RELATIONSHIP
NAME	COMPANY	PHONE NO.	RELATIONSHIP

By signing below, I hereby certify that the above information is correct to the best of my knowledge. I understand that any fabrication of this information may prevent me from being hired or, if already hired, may lead to disciplinary action, up to and including termination.

APPLICANT SIGNATURE

DATE

For Admin Only:

HIRE DATE: _____

DIRECTOR SIGNATURE

DATE