

**The Atlanta Academy**  
**Application for Employment**

Please send completed form to:  
Head of School  
2000 Holcomb Woods Parkway  
Roswell, Georgia 30076  
678-461-6102  
678-461-6105 Fax

Name: \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Telephone #*

*Grade level/subject certification Expiration Date*

Are you currently under contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for employment: \_\_\_\_\_

Have you ever been convicted to a crime regarding any situation that could in any way be substantially related to your job duties as an employee of this school?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

**Education**

(Circle highest grade completed in each category)

College Post Graduate  
1 2 3 4 1 2 3 4 5

Name/Location Major Year Graduated Degree

College \_\_\_\_\_

Grad School \_\_\_\_\_

Are you currently in school? \_\_\_\_\_ Where \_\_\_\_\_

**Employment History**

Account for all employment in last 10 years, with most recent employment listed first.

**Dates: From** \_\_\_\_\_ **To:** \_\_\_\_\_

Name & Phone # of Employer \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

**Dates: From** \_\_\_\_\_ **To:** \_\_\_\_\_

Name & Phone # of Employer \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

**Dates: From \_\_\_\_\_ To: \_\_\_\_\_**

Name & Phone # of Employer \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

**Special Skills**

Do you speak any foreign languages? If yes, are you fluent in speech and writing?

List computer skills including software expertise: \_\_\_\_\_

List relevant qualifications and accomplishments: \_\_\_\_\_

Student Teaching Experience – Grade/Subject areas: \_\_\_\_\_

*The Atlanta Academy is an equal opportunity employer. The Atlanta Academy does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities, and employment practices.*

**The Atlanta Academy, Inc.  
Employment Inquiry Release**

Location: The Atlanta Academy Date: \_\_\_\_\_

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on my including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that The Atlanta Academy may make inquiries, including, but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that The Atlanta Academy may request information from various federal, state and other agencies that maintain records concerning my past driving history, criminal history, military history, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by The Atlanta Academy from a consumer-reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by The Atlanta Academy to furnish any or all of the above- mentioned information. In addition,

I hereby release The Atlanta Academy from any and all liability arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other

persona who in good faith provide to The Atlanta Academy, the above mentioned information as requested, in order to successfully complete a background investigation for my application for employment. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined as necessary by The Atlanta Academy.

PRINT NAME \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_ STATE \_\_\_\_\_ \*SEX \_\_\_\_\_ \*RACE \_\_\_\_\_  
THE ATLANTA ACADEMY \_\_\_\_\_  
(Signature of authorized representative)  
APPLICANT'S SIGNATURE \_\_\_\_\_