

the riverside children's arts center
a ministry of riverside avenue christian church

2841 Riverside Avenue
Jacksonville, FL 32205
389-1751



Employment Application Personal Information

Date _____

Name _____
Last First Middle Initial

Phone: Home _____
Cell _____
Email _____

Present mailing address _____ Social Security No. _____

City _____ State _____ Zip _____

What type of art class are you interested in teaching? _____

Days & hours available _____

List work, volunteer or Community service positions which you feel are related to the class you are interested in teaching: _____

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying. (i.e.: prior teaching experience, certification training completed)

Were you previously employed by us? Yes No If yes, when? _____

Have you ever been convicted of a crime? Yes No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: _____

What date will you be available to begin teaching classes? _____

Person to be notified in case of accident or emergency.

Name _____ Relationship _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

Record of Education

School	Name and Address of School	Course of Study or Major Field	Years Attended		Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			From	To	9	10	11	12		
High School									<input type="checkbox"/> Yes <input type="checkbox"/> No	
College									<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)									<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal references (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

Employment Record (List Present and One Past Position)

Name and Address of Company And Telephone Number	From		To		Describe Your Work	Name of Supervisor
	Mo	Yr	Mo	Yr		
1.						
2.						

List Any Other Training Experience Related to Class(es) You Are Interested In Teaching

Name: _____

Date: _____

Have you ever been bonded? Yes No If yes, on what jobs? _____

May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact.

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date