



Homespun Schoolhouse
of Agapé

The Homespun Schoolhouse of Agapé

199 Agapé Way • Stephens City, VA 22655 • 540-869-6070

Agapeva.com / homespunnancy@yahoo.com

APPLICATION FOR EMPLOYMENT

2011-12 Academic Year

(page 1)

Position Applied For: _____

YOUR INFORMATION	
Full Legal Name (Last, First, Middle)	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

EDUCATION												
Highest Grade Completed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
If you did not complete high school, do you have a high school equivalency diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Number of years of post high school education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7					
Institution Name/Location	Degree Received	Major or Specialty	Minor	Dates Attended								
1.												
2.												
3.												

REFERENCES			
Name	Address	Phone	Relationship
1.			
2.			
3.			



The Homespun Schoolhouse of Agapé

APPLICATION FOR EMPLOYMENT

2011-12 Academic Year

(page 2)

Previous Experience <i>Beginning with the most recent, describe all applicable paid and volunteer experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. May we contact your present supervisor? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>	
Job Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Dates (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hrs/wk _____	Duties: Reason for Leaving:
Job Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Dates (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hrs/wk _____	Duties: Reason for Leaving:
Job Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Dates (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hrs/wk _____	Duties: Reason for Leaving:
Job Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Dates (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hrs/wk _____	Duties: Reason for Leaving:

I hereby certify that the information provided in this application is true and complete. I understand that any falsification herein, regardless of time of discovery, may cause forfeiture of my position. I understand all information is subject to verification and consent to a criminal history background checks. I also consent that you may contact references, former employers and educational institutions regarding this application

Date: _____ **Applicant Signature:** _____