

RTCA

628 W. OGLETHORPE AVE.
LYONS, GA 30436



APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Social Security Number

Address: _____ Email: _____
Street City State Zip

Telephone Number: (_____) _____ Are you 21 years of age or older? Yes No

Are you authorized to work in the United States? Yes No Date of Birth: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start _____ Salary Desired _____

Have you ever applied at RTCA before? Yes No If yes, date applied: _____

Have you ever worked for RTCA before? Yes No If yes, date employed: _____

Name of last supervisor while employed here: _____ Department: _____

Reason for leaving: _____

Who referred you to Robert Toombs Christian Academy? _____

EDUCATION

School Level	Name and Location of School	Did you graduate?	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Graduate school		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of special study or research work: _____

Special training applicable to job: _____

Special skills applicable to job: _____

EMPLOYMENT HISTORY

List below your last three employers, starting with the last one first.

Are you currently employed? Yes No

Employer: _____ Position Held / Job Title _____
 Address: _____
Street City State Zip
 Name and Title of Supervisor: _____ Telephone Number: (____) _____
 Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Leaving Salary: _____
Month / Year Month / Year □Hr □Wk □Yr □Hr □Wk □Yr
 Description of work: _____
 Reason for leaving: _____

Employer: _____ Position Held / Job Title _____
 Address: _____
Street City State Zip
 Name and Title of Supervisor: _____ Telephone Number: (____) _____
 Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Leaving Salary: _____
Month / Year Month / Year □Hr □Wk □Yr □Hr □Wk □Yr
 Description of work: _____
 Reason for leaving: _____

Employer: _____ Position Held / Job Title _____
 Address: _____
Street City State Zip
 Name and Title of Supervisor: _____ Telephone Number: (____) _____
 Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Leaving Salary: _____
Month / Year Month / Year □Hr □Wk □Yr □Hr □Wk □Yr
 Description of work: _____
 Reason for leaving: _____

REFERENCES

List below the names of three persons not related to you who are familiar with your work-related ability and background.

Name	Business or Home Address	Occupation	Telephone Number	Years Acquainted
1.			() Email: ()	
2.			() Email ()	
3.			() Emails ()	

SPECIAL QUESTIONS

Do you have a valid driver's license? Yes No

Do you have a CDL license? Yes No

If yes, indicate the state of issue: _____ Expiration date: _____

Have you ever pled no contest, pled guilty, or been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you ever had any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or no contest to a misdemeanor or felony? Yes No

If yes, please explain: _____

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated immediately if I do not adhere to these standards or if the company shows just cause for termination. I also understand and agree that my employment and compensation can be terminated with or without cause and with or without notice at the conclusion of my contract at either my or the company's option.

Robert Toombs Christian Academy is an equal opportunity employer, and does not discriminate in its hiring of employees on the basis of race, color, sex, religion, national or ethnic origin, or physical handicap.

I understand that I will be required to pass a drug screen and complete background check (to include criminal, employment, education, and motor vehicle report.)

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Applicant Signature

Date