

IMAGINE SCHOOLS

Application for Employment

Please print legibly and complete all sections, indicating "n/a" if the information requested is not applicable.

Personal Data		
Name (last, first, middle):	Social Security Number:	
Present Address (number and street)	City/State/Zip	How long have you resided there?
Previous Address (number and street)	City/State/Zip	How long did you reside there?
Telephone Number	Are you over the age of 18? () yes () no	If no, employment is subject to verification that you are of minimum legal age.

Employment Objective		
Position Desired	Salary Desired	Location

General Information		
How were you referred to us?	If you were referred by an employee, please list their name and location:	
Have you ever been employed by Imagine Schools, Inc., Chancellor Beacon Academies, Inc., Chancellor Academies, Inc., Beacon Education Management and/or JCR and Associates? () yes () no		
If yes, please list dates of employment. From: _____ To: _____		
Have you ever been employed under any name other than the one stated in this application? () yes () no	If yes, please provide the other name(s).	
Do you have any relatives or friends employed by Imagine Schools? () yes () no	If yes, please provide their name, relationship and location of employment.	
Are you presently employed? () yes () no	If yes, what notice will be required?	What date will you be available for employment?
Have you ever been involuntary terminated, not re-appointed or asked to resign from a previous job? () yes () no	If yes, please explain.	

Certification					
Do you hold an Educator's Certificate? () yes () no					
If yes, please provide the following:					
Certification Type	Certificate Number	Valid from	Valid to	Issuing State	Subject, area or coverage
Certification Type	Certificate Number	Valid from	Valid to	Issuing State	Subject, area or coverage
If you do not hold an Educator's Certificate, are you eligible to receive one? () yes () no			Please explain.		
Have you ever had an Educator's Certificate suspended, revoked or not re-issued? () yes () no			If yes, please explain.		

Education Record					
School Name	Address (City/State)	Years Completed (Circle)	Major Field of Study	Graduated (Yes/No)	Degree
High School		1, 2, 3, 4			
College		1, 2, 3, 4			
College		1, 2, 3, 4			
Graduate School		1, 2, 3, 4			
Trade/Correspondence School		1, 2, 3, 4			
Other		1, 2, 3, 4			
List academic honors, scholarships, and honorary fraternities.			List hobbies and outside interests.		
Do you plan to continue your education? () yes () no		If yes, please specify.			

Foreign Languages		Indicate degree of fluency.		
1.	Read _____	Write _____	Speak _____	
2.	Read _____	Write _____	Speak _____	

Business Skills			
Typing Speed	Word Processing	Shorthand	Dictaphone
Computer Hardware/Software		Other Business Equipment	
List any professional licenses you hold other than teaching certificates.		List any professional organizations you belong to.	

Military Service		
Branch	Highest Rank Attained	Dates of Service
Special Training		Did you receive anything other than an honorable discharge?

Driving Record			
Answer these questions if driving is part of the duties and responsibilities of the job for which you are applying.			
Do you have a valid Driver's License? () yes () no	Issuing State	Driver's License Number	Expiration Date
Any restriction(s) on your license? () yes () no		If yes, please explain.	

Criminal Record	
Answering "yes" to these questions does not constitute an automatic bar of employment. Only those crimes which are substantially related to the position you are seeking will be considered.	
Have you ever been convicted, pled no contest, been placed on probation, enrolled in a pre-trial diversion program, or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise? () yes () no	
If yes, please give dates and details for each instance.	
Do you have any criminal charges currently pending? () yes () no	If yes, please explain.

Employment History (complete in full - do not attach a resume)

Please list below all present and past employment since graduation, including at least three past employers, for the last ten years.

Dates of Employment	Total Months	Reason for Leaving	Give full description of responsibilities and duties.
Name of Employer		Type of Business	
Address/City/State/Zip		Phone	
Starting Position	Supervisor's Name, Title & Phone	Starting Salary	
Most Recent Position	Supervisor's Name, Title & Phone	Ending Salary	
May we contact? () yes () no	If not, why not?		
Dates of Employment	Total Months	Reason for Leaving	Give full description of responsibilities and duties.
Name of Employer		Type of Business	
Address/City/State/Zip		Phone	
Starting Position	Supervisor's Name, Title & Phone	Starting Salary	
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Address/City/State/Zip		Phone	
Starting Position	Supervisor's Name, Title & Phone	Starting Salary	
Most Recent Position	Supervisor's Name, Title & Phone	Ending Salary	
May we contact? () yes () no	If not, why not?		

Please explain any gaps in your employment history:

Previous Experience

Please describe any previous experience that you have in the position for which you are applying, or in any similar or related position:

References

Please list three (3) individuals not related to you, whom you have known for at least one year, and who have observed your work performance (supervisors or employers, not co-workers).

Name	Relationship	Occupation	Phone Number	Years Known

Emergency Contact

In case of accident or other emergency, whom should we contact?

Name	Relationship	Home Phone	Cell Phone	
Address (Number and Street)		City	State	Zip
Place of Work (including address)			Work Phone	

**We are an Equal Opportunity Employer
APPLICANT'S STATEMENT**

By my signature below, I certify that all information that I have provided on this application, under separate cover and in any interview, as part of the application process, is true, complete and accurate. I understand that any false statements, omissions or misleading statements will be grounds to not hire me, and if discovered after employment, may subject me to dismissal.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice or reason, and the Company/School has the same right. No one other than the CEO of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that Imagine Schools, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the school may contact previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand the Company may obtain a consumer report or reports on me. I authorize Imagine Schools, Inc. and its representatives and agents to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports.

By my signature below, I certify that I have read and understand this statement.

DO NOT SIGN until you have read and understand this statement.

Date

Applicant's Signature

This application will be considered active for a maximum of thirty (30) days. After that time, you must reapply.