



Woodlawn Arts Academy  
 3807 Woodlawn Rd.  
 Sterling, Illinois 61081

**APPLICATION  
 FOR  
 EMPLOYMENT**

We are an Equal Opportunity Employer. All applications for employment are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of Woodlawn Arts Academy to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

<b>P E R S O N A L</b>	Last Name		First	Middle	Date	
	Street Address				Social Security Number	
	City, State, Zip				Telephone Number	
	Are you 18 years or older:			Are you either a U.S. citizen or an alien authorized to work in the United States?		
	Email Address					

**EMPLOYMENT DESIRED**

Full Time       Part Time       Seasonal

Position:	Date you can start:	Salary Desired: <input type="checkbox"/> HOURLY <input type="checkbox"/> YEARLY
Are you employed now?		Can we inquire of your present employer?

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College/ Trade/ Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>G E N E R A L</b>	Subjects of special study			
	Special Skills			
	Activities: (Civic, Athletic)			
	U.S. Military		RANK	

## FORMER EMPLOYERS (Starting with last one first)

Dates (month & year)	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
FROM: _____	_____	HOURLY <input type="checkbox"/>		
TO: _____	_____	YEARLY <input type="checkbox"/>		
FROM: _____	_____	HOURLY <input type="checkbox"/>		
TO: _____	_____	YEARLY <input type="checkbox"/>		
FROM: _____	_____	HOURLY <input type="checkbox"/>		
TO: _____	_____	YEARLY <input type="checkbox"/>		
FROM: _____	_____	HOURLY <input type="checkbox"/>		
TO: _____	_____	YEARLY <input type="checkbox"/>		

R E F E R E N C E S	Please give the names of three persons not related to you, whom you have known at least one year.		
	NAME	ADDRESS	PHONE

Have you been convicted of a Felony in the last seven (7) years?  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Woodlawn Arts Academy service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Woodlawn Arts Academy reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Woodlawn Arts Academy has the authority to make any assurances to the contrary.

I give Woodlawn Arts Academy the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Woodlawn Arts Academy and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_