



UTOPIAN
ACADEMY FOR THE ARTS

Employment Application Form

Utopian Academy for the Arts Charter School Network is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time may result in immediate employment termination.

Section 1 | APPLICANT INFORMATION: Please submit a resume with this application for employment.

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Position Applied For: _____

Social Security Number: _____ Other Names Used for Employment: _____

Name of Previous Employer: _____

Have you ever been convicted of a crime? Yes No

If "yes", please explain on reverse side of this page or on an attachment.

Are you a relative of or related to anyone currently employed with Utopian Academy? Yes No

If so, please state name: _____

Section 2 | POSITION REFERENCES

For what position are you applying?	
Available Start Date:	
Other?	

Section 3 | CERTIFICATIONS: List any certificates that you hold. Include, minimally, the following information: Certifying entity/State, content, expiration date, type and number. If you are enrolled in a program leading to a relevant certificate, please note the program and the approximate date of completion. List any additional training programs completed that may be relevant for the position that you seek. Please submit a photocopy of all certificates with this application.

State	Certification Type	Date Issued	Exp. Date	Certification Number

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Section 4 | EDUCATION: Insert documentation requirement, e.g., Official transcripts are required...

Name of College/University	City/State	No. of years completed	Degree Earned	Area of Study

Please list additional colleges/universities attended on separate page.

Section 5 | PROFESSIONAL AFFILIATIONS: Please list Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Section 6 | PROFESSIONAL REFERENCES

Name & Title	Company	Phone Number	Email Address

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Section 7 | PREVIOUS EMPLOYMENT: List your current or most recent employment first. Include work related internships, military and volunteer work. Continue on separate sheet as necessary.

Current/Most Recent Employer #1		City:	State:
Dates of Employment:	From:	To:	
Position Held/Title:			
Supervisor's Name and Title:		Telephone:	
Reasons for Leaving:			
May We Contact this Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary: <small>Beginning Salary</small>	Salary: <small>End Salary</small>

Previous Employer #2		City:	State:
Dates of Employment:	From:	To:	
Position Held/Title:			
Supervisor's Name and Title:		Telephone:	
Reasons for Leaving:			
May We Contact this Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary: <small>Beginning Salary</small>	Salary: <small>End Salary</small>

Previous Employer #3		City:	State:
Dates of Employment:	From:	To:	
Position Held/Title:			
Supervisor's Name and Title:		Telephone:	
Reasons for Leaving:			
May We Contact this Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary: <small>Beginning Salary</small>	Salary: <small>End Salary</small>

Previous Employer #4		City:	State:
Dates of Employment:	From:	To:	
Position Held/Title:			
Supervisor's Name and Title:		Telephone:	

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Reasons for Leaving:			
May We Contact this Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary: <small>Beginning Salary</small>	Salary: <small>End Salary</small>

Section 8 | PERSONAL PHILOSOPHY: Using the space provided, write a short essay describing your approach to educating children.

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Section 9 | RELEASES AND APPLICANT SIGNATURE

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation; any party or agency contacted to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Utopian Academy for the Arts and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

Signature of Applicant

Date

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Utopian Academy for the Arts may be terminated.

Signature of Applicant

Date

Section 10 | How did you hear about Utopian Academy for the Arts? Please mark the most appropriate below

- College/University Recruiter/Agency Employee Referral Advertisement Walk-In Other

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Section 11 | EEO VOLUNTEER COMPLIANCE: To be completed and signed by applicant

Utopian Academy for the Arts IS AN EQUAL OPPORTUNITY EMPLOYER. In order to help us improve our recruiting programs and comply with Federal and State governmental information requests, we must ask the questions below. Information about date of birth, sex, race and veteran status is not used in the selection process. This page will be detached and kept separate from your application. You are not required to provide this information. If you choose not to provide this information, your decision will not affect your application.
Thank you for your cooperation.

Name:		
Date of Birth:		
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Veteran Status	<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Vietnam era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Veteran	
Ethnic Classification:	<input type="checkbox"/> Black (Not of Hispanic origin) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (Not of Hispanic Origin)	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Two or more races
Applicant Signature:		Date Signed:

Reasonable Accommodations

Under the Americans with Disabilities Act of 1991, an employer is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment test, interviews and actual employment, but only if the employer knows that accommodation is required. If you are disabled and require accommodation, you may request it at any time. However, some types of accommodation may require some preparation before they can be provided. Therefore, we suggest that you make such requests as early as possible by contacting Human Resources.