



ACADEMY OF ST. LOUIS

*Providing Hope, Promise & Opportunities
For Students with Learning Challenges*

Application for Employment

Legal Name: _____ Male ___ Female ___
Last First Middle

D.O.B.: _____

Address: _____
Street City State Zip

Home Phone Number: (____) _____ Cell Phone: (____) _____

Are you a Citizen: Yes No

Employment History

Position/Job Title: _____

Company: _____

Direct Manager Name: _____ Phone: _____

Job Duties/Responsibilities: _____

Position/Job Title: _____

Company: _____

Direct Manager Name: _____ Phone: _____

Job Duties/Responsibilities: _____

Position/Job Title: _____

Company: _____

Direct Manager Name: _____ Phone: _____

Job Duties/Responsibilities: _____

References

Name: _____

Company: _____

Phone: _____

Name: _____

Company: _____

Phone: _____

Name: _____

Company: _____

Phone: _____

Signature Required

I have answered this form truthfully and completely and understand that ANY falsification, misrepresentation, or omission can be grounds for denial of employment or continued employment.

SIGNATURE: _____ TODAY'S DATE: _____



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Applicant Disclosure Form

The Academy of St. Louis shall require a record check through the Missouri State Highway Patrol Department before hiring an employee. When necessary, applicants may be employed on a conditional basis pending completion of the investigation. The record check may include a fingerprint check using a complete Missouri State Criminal Identification fingerprint card, as well as a written declaration of disclosure from each applicant. In addition to fingerprints, additional inquiries may be made to verify responses within. A copy of any response received pursuant to such inquiry will be made available to you upon request.

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete ANY part of the application or this questionnaire can be grounds for denial of employment or continued employment with the Academy of St. Louis.

SECTION I: EMPLOYMENT HISTORY DISCLOSURE

NAME: _____ FORMER NAME(S): _____

1. Are you presently under contract/employed? Yes No
If Yes, please list current position (title) and employer.
2. Are you a former employee of the Academy of St. Louis? Yes No
If Yes, please list the date(s), location(s) worked, and position(s) held.
3. Have you ever been on a plan of improvement or placed on probation?
If Yes, please list the date(s), and position(s) held.
4. Have you ever been the subject of an investigation or complaint and/or disciplined for ANY misconduct by a past or present employer? Yes No
If Yes, describe the circumstances and identify the outcome of the investigation or complaint below.
5. Have you ever been the subject of an investigation or complaint and/or disciplined for ANY misconduct by ANY other disciplinary or licensing board? Yes No
6. Have you ever had any license or certificate of ANY kind (teaching, ESA, or other professional certificate or license) revoked, suspended, or reprimanded, or have you in any way been sanctioned by, or is any charge or complaint now pending, with ANY licensing, certification or regulatory agency (public or private)? Yes No
7. Have you ever resigned or otherwise separated from ANY employment (including substitute or extracurricular positions) in order to avoid discharge (in lieu of termination) or non-renewal? Yes No
8. Have you ever been discharged or non-renewed from ANY employment (including substitute or extracurricular positions)? Yes No
9. If you answered YES to ANY of the questions (#3 - #9) above, provide an explanation of the circumstances. Please include underlying facts and details, place, date(s), and outcome(s) below. If additional space is required, please use the space provided on the last page of this disclosure form.

SECTION II: CRIMINAL HISTORY DISCLOSURE

NOTE: A PENDING CRIMINAL CHARGE OR CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM THE ACADEMY OF ST. LOUIS EMPLOYMENT.

1. Are you presently charged with, but not convicted of, a crime or offense? Yes No
2. Have you ever been convicted of a crime? (the term "convicted" means ALL adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution) Yes No
3. Have you ever been found, in ANY disciplinary board, civil or criminal action, to have (financially, physically, or sexually) exploited, abused, and/or assaulted a minor or a vulnerable adult? Yes No
4. If you answered YES to ANY of the questions (#1 - #3) above, provide an explanation of the nature of the charge(s), place(s), date(s), and court(s) below. Exclude minor traffic infractions/citations. If additional space is required, please use the space provided on the last page of this disclosure form.

SECTION III: DECLARATION

I certify under penalty of perjury under the laws of the State of Missouri that all information included in the application and in this questionnaire is true and correct. If the information provided or answer(s) to any questions(s) on the Applicant Disclosure form change prior to my being hired, I understand that I must immediately notify the Academy of St. Louis. I have answered this form truthfully and completely and understand that ANY falsification, misrepresentation, or omission can be grounds for denial of employment or continued employment.

NAME: _____ SSN# (LAST 4): _____ DOB: _____
 SIGNATURE: _____ TODAY'S DATE: _____
 (MY TYPED NAME INDICATES ELECTRONIC SIGNATURE)

SECTION IV: CONDITIONAL EMPLOYMENT OFFERED

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED. YOUR SIGNATURE MUST BE WITNESSED BY A DESIGNEE OF THE ACADEMY OF ST. LOUIS.

As of, ____/____/____, a date on or after which I have been offered conditional employment with the Academy of St. Louis, the foregoing remains true and correct. I further certify that I have been released from all contractual obligations with any other employer or Academy of St. Louis.

SIGNATURE: _____ TODAY'S DATE: _____
 WITNESS SIGNATURE: _____ WITNESS TITLE: _____