



## **New Visions Academy**

### **APPLICATION FOR EMPLOYMENT**

Thank you for your interest in New Visions Academy (NVA). As part of our employment process, we require all applicants to complete this Employment Application, regardless of whether a resume is submitted. This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Please print your answers in ink and answer each question completely. If a question is not applicable to you, please place "N/A" in the space provided. If additional space is necessary, feel free to use the back page or additional paper.

NVA is an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, color, sex, national origin, age, disability or handicap, marital status, sexual orientation, citizenship status, or status as a disabled veteran or veteran of the Vietnam era.

Federal law requires that all employers verify the identity and employment eligibility of all persons hired to work in the United States. NVA uses E-verify to provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm an employee hired by NVA is authorized to work, this employer will provide the employee with written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action, including termination.

NVA will not use E-Verify to pre-screen job applicants and will not limit or influence the choice of documents that may be presented for use on the Form I-9.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
Position Control # \_\_\_\_\_  
Position If Hired: \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

How long have you lived at this present address? \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip

How long did you live at this address? \_\_\_\_\_

Have you ever been employed or attended school using another name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name(s): \_\_\_\_\_

Have you ever applied to, or worked for, New Visions Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_

## POSITION

This application will be considered active for 60 days and will be retained for 1 year. If you have not been employed during this period and are still interested in employment with New Visions Academy, please contact where you applied and request your application reactivated.

Position applied for: \_\_\_\_\_

Availability: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If Part time, what are the hours/days you are available?

\_\_\_\_\_

If hired, what date would you be available to begin work? \_\_\_\_\_

Salary expectations \$ \_\_\_\_\_

How did you hear about New Visions Academy?

- Current Employee    Newspaper Ad    NVA/ACTG Website    Online Advertisement  
 Other – Please Explain:

\_\_\_\_\_

**PHYSICAL DATA**

After reviewing the job description for the position that you are applying for, do you have any physical limitations that preclude you from performing any work you are being considered for?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Circle Highest Year Completed	Course Completion	Major	School Name	City, State	Grade Average
High School 9 10 11 12	Did you Graduate? Yes No				
College 1 2 3 4	Degree & Date Received				_____ Out of a possible
Other					

Explain any additional schooling or specialized training not covered above

\_\_\_\_\_

\_\_\_\_\_

Professional Certificates or Licenses (e.g. CPA, Nursing, Teaching etc.)

\_\_\_\_\_

\_\_\_\_\_

**ADMINISTRATIVE SKILLS**

Typing/Keyboarding \_\_\_\_\_ wpm

List software packages where applicable:

Word Processing \_\_\_\_\_

Spreadsheet \_\_\_\_\_

Graphics \_\_\_\_\_

Accounting Packages \_\_\_\_\_

**TECHNICAL SKILLS**

Hardware \_\_\_\_\_

Applications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRENGTHS AND ACHIEVEMENTS**

Describe your strengths or special skills

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activities, honors, awards and/or achievements you wish to provide

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List your work history beginning with the present. Feel free to use the back page or additional paper. Include 1) all full-time jobs, 2) all part-time jobs, 3) all periods of self-employment and 4) all periods of U.S. military service.

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
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Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

**GENERAL**

Have you ever been convicted of, or are you awaiting trial for a felony? (A conviction or pending trial will not necessarily disqualify you from employment consideration)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Are you under any obligation (e.g. confidentiality or non-compete agreement) to a current employer which may restrict your ability to accept employment at New Visions Academy?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Have you had any disciplinary action has been taken against you or your against your licensure (if applicable) for sexual misconduct or attempted misconduct in Minnesota or any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

If hired, can you furnish proof that you are legally entitled to work in the U.S. \_\_\_\_ Yes \_\_\_\_ No

Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Do you own a car? \_\_\_\_\_

**BUSINESS REFERENCES**

If you chose to provide this information at this time, list the requested data on three persons (not related to you) in business or a profession who you have known you for more than one year and to whom we may refer.

Name	Title	Daytime Phone	Business Address



**Applicant** – Please read and sign

I am applying for employment with New Visions Academy. I certify that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment or for dismissal if discovered at a later date. I understand that employment is conditioned upon verification of the information contained herein.

I authorize a thorough investigation of my past employment activities, and agree to cooperate in such an investigation. I authorize the listed employers, schools, and business references to give New Visions Academy (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release from all liability or responsibility, and agree not to sue, all persons and companies requesting or supplying such information.

I authorize schools, credit bureaus, law enforcement agencies and any other agencies that might contain information pertinent for consideration of my employment by New Visions Academy to supply information concerning my background. I understand that intentionally submitting false or incomplete information is grounds for immediate dismissal.

I understand that under federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, for aliens, their legal authorization to work in the U.S. As a result, I understand that employment with New Visions Academy would be conditioned upon my ability to produce the required documentation within the time period required by law.

If I am employed by New Visions Academy I agree to learn and conform to New Visions Academy rules, regulations and code of conduct. I understand that the State of Minnesota is an employment-at-will State, which gives me the right to terminate my employment without notice at any time for any reason, and that New Visions Academy also retains this right.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Affirmative Action Program Applicant Information Form

New Visions Academy is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

<b>Name</b>	<b>Date</b>
	____ / ____ / ____
<b>Position applied for</b>	

### Section 2: Please check all that apply (See reverse for definitions)

<b>Race or Ethnic Identity</b>	<b>Gender</b>	<b>**Veteran Status</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran <b>**Other</b> <input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify Signature _____		

## ***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES***

***Hispanic or Latino (All Races)*** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

***American Indian or Alaskan Native*** - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

***Asian or Other Pacific Islander*** - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam and all persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

***Black or African American (Not of Hispanic origin)*** - All persons having origins in any of the Black racial groups of Africa.

***White*** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

### ***Individual with Disabilities***

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

### ***Special Disabled Veteran***

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

### ***Veteran of the Vietnam Era***

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

### ***Other Eligible Veteran***

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.