



# Application for Employment

Fax completed applications to: **770-573-6759**, Or scan and email to **J. Burt** at [j.burt@ebotutoring.com](mailto:j.burt@ebotutoring.com), **Subject: Tutor Application**

Name (Last, First)				
Phone #				
Soc. Sec. #		Email		
Present Address		Apt.	City	State
Permanent Address		Apt.	City	State
Are you 18 years or older? Yes _____ No _____		Can you work legally in the U.S.? Yes _____ No _____		Emergency Contact Name: _____ Phone: _____

## DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are you employed now? Yes _____ No _____	If so, may we inquire of your present employer? Yes _____ No _____	
How did you find out about this position?		

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## GENERAL

Areas of special study or research
Special Training, Certifications, Licenses
Special Skills, Foreign Languages, etc.

*Education builds opportunity.*

**FORMER EMPLOYERS**

LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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**REFERENCES**

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT

	NAME	ADDRESS	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

**SERVICE RECORD**

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES _____ NO _____		BRANCH OF SERVICE
DISCHARGE DATE	RANK	

HAVE YOU EVER BEEN CONVICTED, PLEADED GUILTY/NO CONTEST, OR HAD A SUSPENDED SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)	YES _____	NO _____
IF YES, EXPLAIN		

(PAST CONVICTIONS WILL NOT KEEP YOU FROM BEING CONSIDERED. THIS INFORMATION IS ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

**AUTHORIZATION**

"I SWEAR THAT THE FACTS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND, IF I AM EMPLOYED, ANY FALSIFIED STATEMENTS ON THIS DOCUMENT SHALL BE GROUNDS FOR DISMISSAL.

"I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS DOCUMENT AND THE REFERENCES AND EMPLOYERS LISTED ABOVE CONCERNING MY PREVIOUS EMPLOYMENT AND ANY RELEVANT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

"I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

"THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Fax completed applications to: 404-393-5128, Or scan and email to J. Burt at educationbuildsopportunity@gmail.com.

**FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED	DIRECTOR	DATE
APPROVED	OFFICE MANAGER	DATE
		DATE

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