



Employment

Application

33 Muenich Court Hammond, IN 46320 • Telephone (219) 852-0500 • Fax (219) 852-4153 • HR@HammondAcademy.org

PERSONAL INFORMATION				
NAME (Last name, First name Middle Initial)		DATE OF BIRTH (mm/dd/yyyy)		POSITION APPLYING
ADDRESS (Number, Street, City, State Zip Code)				
TELEPHONE		EMAIL ADDRESS		EDUCATOR'S LICENSE NUMBER
EDUCATION (most recent)				
Level	School Name	Period (Year)		Degree
		From	To	
WORK EXPERIENCE (last 3 latest only)				
Company / Location	Date (Year)		Position	Reason for Leaving
	From	To		
THREE PROFESSIONAL REFERENCES				
Name	Telephone	Email Address		Relationship
I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.				

Email

SIGNATURE DATE

Please attach Resume and Supporting Document