## AL MADINA SCHOOL OF RICHMOND

## Enriching Minds, Enlightening Hearts EMPLOYMENT APPLICATION

Please type or print in black ink. Date:					
Name:Last	First	Middle		Social Securi	ity No.
Please list any other legal names you have used:					
Present					
Address:				Phone: (	)
Street & Number	City	State	Zip		
Permanent				DI (	
Address: Street & Number	City	State	Zip	Phone: (	)
Othor Dhone (c. c. Cell Dhone), ( )	E mail ad	duoga	•		
Other Phone (e.g. Cell Phone): ( )		dress:			
Are you eligible to work in the U.S.? ☐ Yes	□ No				
Have you ever been convicted of a felony?   Yes	□ No				
If yes, give place of arrest, date, conviction, sentence, considered.	etc. Conviction of a cri	me is not an auton	natic bar to er	nployment; a	ıll circumstances will b
Are you under 18 years of age? ☐ Yes ☐ No		-		□ No	
Position applied for:					
Salary requirements \$ per	If hired, wh	en would you be a	available for v	vork?	
How did you learn of employment opportunities?  ☐ Advertisement (indicate publication) ☐ Employee Referral (Employee Name)		nternet Other (please indic	ate)		
EDUCATION					
	h School College 0 11 12 1 2 3 4		ool	Other (sp	pecify)
			Graduat	te?	If No, GED?
High School Location			□ Yes □	] No	□ Yes □ No
2.		Г	□ Yes □ N	0	
College Location	Degree		Received	Majo	or GPA
		_	1 37 🖵 37		
College Location	Degree	L	I Yes □ No Received	Maj	or GPA
Other schools or special training or skills:	_			J	

May	we contact your present and/or former employers? ☐ Yes ☐ No	o If no, sta	te why:			
EMPLOYMENT RECORD						
	e list each company/organization you have worked for during the past priods of unemployment. Use additional sheets if necessary.	seven years.	. Show your	most recent posi	tion first and account for	
	section, including salary history, must be completed or the applica nay indicate "see resume" only in the space next to "Duties".	ntion will be	considered	incomplete. If	you include a resume	
1	Employer:	FROM Mo Yr	TO Mo Yr	Annual Salary	_	
M O S T	Street Address:			OR  Monthly  Weekly  Monthly	Final \$  Starting \$  Final \$	
R E C	Job Title: Duties:	Name and	l title of imn	nediate supervisor	r:	
E N T		Reason for leaving:				
					de overtime, bonus, etc.	
					,	
2	Employer:  Street Address:	FROM Mo Yr	TO Mo Yr	OR	Starting \$ Final \$	
	City: State: Zip: Phone: ( )			<ul><li>☐ Monthly</li><li>☐ Weekly</li><li>☐ Monthly</li></ul>	Starting \$  Final \$	
	Job Title:	Name and title of immediate supervisor:				
	Duties:	Reason fo	or leaving: _			
3	Employer:	FROM Mo Yr	TO Mo Yr	Annual Salary  OR  Monthly  Weekly	Final \$  Starting \$	
	Phone: ( )  Job Title:  Duties:	Name and	l title of imn	☐ Monthly nediate supervisor	Final \$	
		Reason fo	or leaving: _			

Street Address:  City: State: Zip: Phone: ( ) Job Title: Duties:  Employer: Street Address: City: State: Zip: Reason for leaving:  FROM TO Annual Salary Starting \$ Street Address: City: State: Zip: Name and title of immediate supervisor:  Reason for leaving:  FROM TO Annual Salary Starting \$ Starting \$ Street Address: Street Address: Duties: Reason for leaving:  Name and title of immediate supervisor:  Name and title of immediate supervisor:  Reason for leaving:  Starting \$ Name and title of immediate supervisor:  Reason for leaving:  Starting \$ Name and title of immediate supervisor:  Reason for leaving:  STRATIONS/MEMBERSHIPS/HOBBIES (list professional certifications, registrations, memberships, hobbies & interests, etc.)		Employer:	FROM TO Annual Salary Starting \$ Mo Yr Mo Yr
City: State: Zip:		Street Address:	Final \$
Phone: ( )	City: State: Zip:		
Job Title:			□ Weekly
Duties: Reason for leaving: Reason for leaving \$ Reason for leaving \$ Reason for leaving:			·
Employer: FROM TO Annual Salary Starting \$ Final \$ F		Job Title:	Name and title of immediate supervisor:
Employer: FROM TO Annual Salary Starting \$ Mo Yr Mo Yr Final \$ OR OR OR OR Honthly Starting \$ Monthly Final \$ Name and title of immediate supervisor: Duties: Reason for leaving: Annual Salary Starting \$ No Yr Mo Yr Final \$ No Yr Mo		Duties:	
Street Address:   Mo Yr			Reason for leaving:
Street Address:   Mo Yr			
Street Address:   Mo Yr			
Street Address:   Mo Yr			
Street Address: Final \$ OR		Employer:	
City: State: Zip:		Street Address:	Final \$
Phone: ( )       Monthly Final \$    Job Title:   Name and title of immediate supervisor:    Phone: ( )   Monthly Final \$    Name and title of immediate supervisor:    Reason for leaving:    MILITARY SERVICE    ary experience:		City: State: Zip:	☐ Monthly Starting \$
Job Title: Name and title of immediate supervisor:  Duties: Reason for leaving:  MILITARY SERVICE  ary experience:		Phone: ( )	
Duties: Reason for leaving: Reason for leaving: Publication of the state of			·
MILITARY SERVICE ary experience:		Job Title:	Name and title of immediate supervisor:
MILITARY SERVICE ary experience:		Duties:	
MILITARY SERVICE ary experience:			Reason for leaving:
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	1	ISTRATIONS/MEMBERSHIPS/HOBBIES (list professional cer	rtifications, registrations, memberships, hobbies & interests, etc.)
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PROFESSIONAL REFERENCES (current or former supervisors preferred, do not include relatives or personal references)				
1				
Address: Phone: ( )				
2.				
Address: Phone: ( )				
3.				
Address: Phone: ( )				
SKILLS				
1. Typing (words per minute)				
2. Computer:				
3. Languages other than English (speak, read, write):				
Are you subject to any confidentiality or non-disclosure obligations as a result of your current or prior employment?   Yes   No				
DECLARATION BY THE APPLICANT				
I understand that any misrepresentation or omission of facts made on this application is grounds for termination.				
As all applicants are subject to extensive background checks and random drug testing, I authorize all law enforcement agencies, educational institutions and employers to furnish the company or a third party with information concerning me and I hereby release each of those contacted and the company from liability for damages caused by reason of compliance.				
By signing this application I acknowledge that, if hired, I will be required to sign the appropriate full-time or part-time employment contract. I recognize that this employment relationship can only be altered specifically in writing and otherwise is not affected by any other oral or written statements made directly or indirectly to me either during the hiring process, by my supervision or through company publications which include statements of personnel policy.				
I recognize that if offered employment, any such offer is subject to the condition that I am able to present satisfactory evidence as to both my identity and eligibility to work in the United States, and the verification of my academic degrees.				
Signature: Date:				