



Mount Hope Christian Academy

6823 Harrison Road, Fredericksburg, VA 22407

540.785.4631; Fax: 540.785.8464 | Email: mthopesecretary@gmail.com

Employment Application

Mount Hope Christian Academy is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact the entity representative.

Position You Are Applying For: _____ Today's Date: _____

Date Available to Start: _____

PERSONAL INFORMATION

Last Name First Name Middle Initial

Address City Zip Code State

Phone Number: _____ Email Address: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Do you have a valid driver's license? Yes No. If yes, which state _____

EDUCATION

Have you completed high school or earned a high school equivalency diploma? Yes No; if "no" what is the highest grade you completed? _____

Have you attended or completed college? Yes No

Starting with the high school you graduated from and colleges attended, please complete the information below:

School Name	Location	Years Attended	Degree Received	Major

WORK HISTORY (Paid and/or Volunteer): Please start with your most recent experience.

Employer: _____ Dates of Employment: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
Position: _____ Salary: _____ Reason for Leaving: _____
Duties Performed: _____

Supervisor's Name and Title: _____
May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
Position: _____ Salary: _____ Reason for Leaving: _____
Duties Performed: _____

Supervisor's Name and Title: _____
May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
Position: _____ Salary: _____ Reason for Leaving: _____
Duties Performed: _____

Supervisor's Name and Title: _____
May we contact this employer? Yes No

Please list any additional professional certifications or licenses: _____

REFERENCES			
Name	Title/Relationship	Company and Address	Phone Number

Yes No For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Note: Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verify your identity. Further, you will be required to provide documentation to that effect should you be employed.

Yes No For purposes of compliance with Section 2.1 - 112 of the Code of Virginia, have you ever served in the Armed Forces of the United States?

CERTIFICATION (please initial by each statement)

_____ I certify that all answers given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____ I consent to references and former employees (except where noted) and educational institutions listed being contacted regarding this application.

_____ I understand that this application is not a contract and if employed, my employment with Mount Hope Christian Academy is at will and may be terminated at any time.

In addition to the above, my signature authorizes the required drug screening, investigative reports, criminal records check, and a physical examination (at the expense of the applicant). These qualifications along with First Aid and CPR certifications are required within 30 days of employment.

Signature of Applicant

Date

Please submit your completed application to:

Mount Hope Christian Academy
c/o Designated Liaison
6823 Harrison Road
Fredericksburg, VA. 22407
Fax: 540.785.8464 | Email: mthopesecretary@gmail.com

Office Use Only	
Date Hired	
Date Background Check Completed	
Date First Aid & CPR Completed	
Drug Screening Completed	
Date MAT Certification Completed	