



# PRE-EMPLOYMENT APPLICATION



NTA MANAGEMENT, INC. and its affiliates are equal opportunity employers and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

## PERSONAL INFORMATION:

Date      /      /     

NAME: LAST	FIRST	MIDDLE INITIAL	HOME PHONE (      )
ADDRESS: NO.	STREET	CITY	STATE      ZIP
SOCIAL SECURITY NO.	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S. citizen, or do you have the legal right to be employed in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any crime (not including minor traffic violations) including DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the offense, location, date and disposition. <i>NOTE: A conviction will not necessarily disqualify you from employment.</i>			
Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			
Would you be willing and able to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Drivers License:	STATE	TYPE	Currently Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT DESIRED:

Are you seeking <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary or summer employment?		
Position applying for:	DESIRED SALARY	DATE AVAILABLE TO START
Have you ever applied to our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer to either of the above questions is Yes, state when and where you applied and/or worked.		
How did you learn of our Company and/or position?		
Are you now, or do you expect to be, working in any other business or job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any days or hours you would be unable or unwilling to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify those days or hours you would be unable or unwilling to work.		

**EDUCATIONAL BACKGROUND**

Name, Address & Location	Dates	Graduate?	Courses Studied
High School	FROM:  TO:	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Diploma
College	FROM:  TO:	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Diploma
Trade School	FROM:  TO:	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Diploma
If you did not graduate, why did you leave High School or College?			
Are you planning to pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when, where and what courses?			
List any scholastic honors, offices held and activities involved in during High School and College.			
List and describe any other School or Specialized Training.			

**MILITARY SERVICE:**

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SERVICE BRANCH	DATE ENTERED
DATE SEPARATED	FINAL RANK

**CAPABILITY/RELIABILITY**

Would you be willing and able to perform all of the tasks required by the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain which tasks:	
Have you filed any type of fraudulent claim against any of your present or past employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Will you abide by the safety rules of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been disciplined for violating company safety rules or regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
How many days of work have you missed in the last two years?	How many times have you been late for work in the last two years?
Would you be willing and able to report to work on time every day on a regular and consistent basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

**EMPLOYMENT HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business reference.

**PLEASE GIVE MONTH AND YEAR. DO NOT REFERENCE YOUR RESUME.**

<b>Name of Employer - Address, City, State, Zip Code</b>		<b>Name &amp; Title of Last Supervisor</b>	<b>Dates Employed</b>		<b>Pay</b>
Telephone Area Code ( )			FROM:	TO:	STARTING
Title	Nature of Business		MO. _____	MO. _____	\$ _____
			YR _____	YR _____	ENDING
					\$ _____
Responsibilities			Reason for leaving		
<b>Name of Employer - Address, City, State, Zip Code</b>		<b>Name &amp; Title of Last Supervisor</b>	<b>Dates Employed</b>		<b>Pay</b>
Telephone Area Code ( )			FROM:	TO:	STARTING
Title	Nature of Business		MO. _____	MO. _____	\$ _____
			YR _____	YR _____	ENDING
					\$ _____
Responsibilities			Reason for leaving		
<b>Name of Employer - Address, City, State, Zip Code</b>		<b>Name &amp; Title of Last Supervisor</b>	<b>Dates Employed</b>		<b>Pay</b>
Telephone Area Code ( )			FROM:	TO:	STARTING
Title	Nature of Business		MO. _____	MO. _____	\$ _____
			YR _____	YR _____	ENDING
					\$ _____
Responsibilities			Reason for leaving		
<b>Name of Employer - Address, City, State, Zip Code</b>		<b>Name &amp; Title of Last Supervisor</b>	<b>Dates Employed</b>		<b>Pay</b>
Telephone Area Code ( )			FROM:	TO:	STARTING
Title	Nature of Business		MO. _____	MO. _____	\$ _____
			YR _____	YR _____	ENDING
					\$ _____
Responsibilities			Reason for leaving		

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any of your previous positions under another name, please give that name(s):  
 \_\_\_\_\_

Are you presently employed? .....  Yes  No

If yes, may we contact your present employer? .....  Yes  No

Have you ever been fired, or asked to resign, from a job? .....  Yes  No

If yes, please explain: \_\_\_\_\_

**SPECIAL SKILLS**

Do you type? .....  Yes  No Words Per Minute \_\_\_\_\_

Do you take shorthand? .....  Yes  No Words Per Minute \_\_\_\_\_

Have you had any computer or word processing experience or training? ...  Yes  No

If yes please describe: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet of paper.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

*Give three references, not relatives or former employers.*

NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by me or by the Company at any time for any reason or no reason at all, with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPANY USE ONLY**

*Interviewed by:*

*Interviewers remarks:*

\_\_\_\_\_

**SCREENING POLICY OF  
NATIONAL TEACHER ASSOCIATES AND AFFILIATES**

As part of the process of weighing an applicant's qualifications and determining his or her suitability for open positions, National Teacher Associates and affiliates may require background checks for finalists for a position. Applicant's date of birth is required to perform any background check. These background checks are conducted by ChoicePoint WorkPlace Solutions Inc., a consumer reporting agency.

All applicants for employment with National Teacher Associates and affiliates are asked to sign the release form below authorizing the appropriate background checks. Any applicant who refuses to sign the release form will not be eligible for employment. Applicants are also expected to provide references from their former employers, as well as educational reference information that may be used to verify academic accomplishments and records.

Employment screening assessments to determine an applicant's job fit may be required of applicants for employment with National Teacher Associates and affiliates. Skills tests related to the demands of the job may also be required.

Background checks will include a criminal record check. If a conviction is discovered, a determination will be made whether the conviction is related to the position for which the individual is applying or would present safety or security risks before an employment decision is made.

Additional checks such as a driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

If an applicant is denied employment wholly or in part because of information obtained in an employment check conducted by the company's consumer reporting agency, the applicant will be informed of this and given the name, address and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

Any applicant who provides misleading, erroneous or willfully deceptive information to National Teacher Associates and affiliates on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with National Teacher Associates and affiliates.

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I have read this policy and fully understand the information set forth and hereby give my permission to National Teacher Associates and affiliates to perform any and all necessary background checks (verifying previous employment, including, but not limited to dates of employment, job title(s), salary information, attendance information; verifying academic accomplishments and to release records), and as necessary, to use the consumer reporting agency, ChoicePoint WorkPlace Solutions Inc., to perform the background checks, in the event I am a finalist for a position with the Company as set forth in this Screening Policy.

Applicant Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL#: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

ChoicePoint



## DISCLOSURE

As part of the employment process, National Teacher Associates & affiliates (NTA), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living. The following Consumer Reporting Agency will prepare the report:

**ChoicePoint WorkPlace Solutions Inc.**  
**Consumer Center**  
**P.O. Box 105108**  
**Atlanta, GA 30348-5108**  
**1-800-845-6004**

## AUTHORIZATION

During the application process and at any time during the tenure of my employment with NTA, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of NTA to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, department s of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

**\* For Identification Purposes Only**