

Employment Application

1176 Labelle Street
Jacksonville, FL 32205
Phone: 904-693-1503 | Fax: 904-693-1127
Website: www.wayman.org

APPLYING WITH THE ENTITY OF: (Please check one)

- Wayman Academy of the Arts



- Wayman Community Development Corporation



- Wayman Chapel AME Church



- Spirit of Life Worship Center



Wayman Employment Application

If applying with entity WCDC, please select program:

- Wayman Academy of the Arts Team Up
- Pine Forest Elementary Team Up
- Biltmore Elementary Team Up
- Life Change Family Services
- Wayman Early Learning Academy- Westside
- Wayman Early Learning Academy- Northside
- Transformations Car Wash & Lawn Care

Position Applied for: _____

Date: _____

PERSONAL DATA: Social Security #: _____ D.O.B. _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip Code

Home Phone: _____ Cell Phone: _____

Email address: _____ Emergency Contact: _____

EDUCATION:

High School Location (Full Address) Graduated (Yes/No)/ Date

College/University Location (Full Address) Degree/Major Graduated (Yes/No)/ Date

College/University Location (Full Address) Degree/Major Graduated (Yes/No)/ Date

College/University Location (Full Address) Degree/Major Graduated (Yes/No)/ Date

Professional Certifications, Academic Honors/Awards/Recognitions: _____

BACKGROUND:

Have you ever worked for a Wayman entity? ___ No ___ Yes

If yes, briefly explain: _____

Are you a U.S. citizen, or are you legally allowed to work in the U.S.? ___ No ___ Yes

Have you ever been arrested, convicted of a crime, pled "guilty" or "no contest" to a crime? ___ No ___ Yes

If yes, briefly explain: _____

EMPLOYMENT HISTORY:

Please list all Employers, completely and accurately. Begin list with the most recent employer.

Company Name	Address	Phone #	Position Held	Salary	Begin/End Date
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Supervisor Name	Reason for Leaving	May we contact? (Y or N)
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Supervisor Name	Reason for Leaving	May we contact? (Y or N)
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It is the policy of all Wayman entities that employment opportunities shall not be restricted, abridged, or otherwise adversely affected on the basis of race, color, religion, age, gender, sexual orientation, national origin, marital status or disability.

Applicant's Attestation:

By signing my name and checking the box below, I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Please sign (legibly) your name: _____ Date: _____

Check the following box if you agree to the above statement

FOR OFFICE USE ONLY:

Interview extended: ___ No ___ Yes Date: _____ Time: _____

Background Screening: Date _____ Results Clear: ___ No ___ Yes

Position offered: ___ No ___ Yes Hire Date: _____

Classification: _____ Hourly _____ Salary _____ Contractor

Start Date: _____ Pay Rate: _____