

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 the applicable entity)

Wayman Academy of the Arts



Wayman Community Development Corporation



Wayman Temple AME Church - South Campus

Wayman Temple AME Church – West-Campus



Applicant's Last / First Name _____

Wayman Employment Application

If applying with WDCD, please select program:

- Bayview Elementary After School Learning Program
- Hogan-Spring Glen Elementary After School Learning Program
- Landmark Middle After School Learning Program
- LifeChange Family Services
- Ortega Elementary After School Learning Program
- Reynolds Lane Elementary After School Learning Program
- Wayman Academy of the Arts After School Learning Program
- Wayman Early Learning Academy- Westside
- Westview K-8 After School Learning Program
- Whitehouse Elementary After School Learning Program

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 Information:
Name: _____ Relationship: _____

Address: _____ Phone Number: _____

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: _____

PLEASE ANSWER QUESTIONS 1 AND 2:

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home?

_____ Yes _____ No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?

_____ Yes _____ No

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 |
|--------------|---------|---------|---------------|--------|----------------|

| | | |
|-----------------|--------------------|--------------------------|
| Supervisor Name | Reason for Leaving | May we contact? (Y or N) |
|-----------------|--------------------|--------------------------|

| | | | | | |
|--------------|---------|---------|---------------|--------|----------------|
| Company Name | Address | Phone # | Position Held | Salary | Begin/End Date |
|--------------|---------|---------|---------------|--------|----------------|

| | | |
|-----------------|--------------------|--------------------------|
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Company Name Address Phone # Position Held Salary Begin/End Date

Supervisor Name Reason for Leaving May we contact? (Y or N)

Company Name Address Phone # Position Held Salary Begin/End Date

Supervisor Name Reason for Leaving May we contact? (Y or N)

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: _____