



Allen Academy is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion (subject to BFOQ), gender, national origin, age, disability, veteran status or any other status protected by law.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Alternate Number	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES [] NO []

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES [] NO []

Have you ever applied to Allen Academy before? *(If yes, please give date.)* _____ YES [] NO []

Have you ever worked for Allen Academy before? *(If yes, please give date.)* _____ YES [] NO []

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES [] NO []

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only.)* YES [] NO []

Have you been convicted of any moving violations in the past five years? YES [] NO []

If yes, please explain: _____

Is anyone related to you employed by Allen Academy? YES [] NO []

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES [] NO []

If yes, please explain. _____

On what date would you be available to begin work? _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion (subject to BFOQ), gender, national origin, age, disabilities or veteran status.)*

Do you hold a valid teaching certificate? YES [] NO [] If yes, from which state(s)? _____

Describe any specialized training, apprenticeships, certificates, licenses or skills.

Have you received any job-related training in the United States Military? YES [] NO []

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Allen Academy.)*

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor

Address		\$	\$	
	Describe your duties:			
Phone				
Reason for leaving and explanation				
Company Name	Employment Dates From To	Salary Start End		Name and Title of Supervisor
Address		\$	\$	
	Describe your duties:			
Phone				
Reason for leaving and explanation				
Company Name	Employment Dates From To	Salary Start End		Name and Title of Supervisor
Address		\$	\$	
	Describe your duties:			
Phone				
Reason for leaving and explanation				

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone	Relationship/ Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Allen Academy that such employment is at will, for no specified duration and may be terminated by either the school or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Allen Academy or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the school except the Head of School has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Head of School.

In consideration for employment with Allen Academy, if employed, I agree to conform to the rules, regulations, policies and procedures of Allen Academy at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Allen Academy's business, attendance and punctuality are considered essential requirements of every job at Allen Academy and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Allen Academy, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Allen Academy and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____

Allen Academy IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION (subject to BFOQ), GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.



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EMPLOYER BACKGROUND CHECKS AND EMPLOYEE INVESTIGATIONS

Acknowledgment and Agreement

As a result of my application for employment with Allen Academy, I hereby acknowledge my understanding and consent that Allen Academy may conduct a background check upon me and, by my signature below, acknowledge that I have received and reviewed Allen Academy's policy on Employee Background Checks and Employee Investigations. I hereby give Allen Academy my consent to request consumer reports or investigative consumer reports concerning me from consumer reporting agencies and/or governmental agencies and that such reports may be released to Allen Academy management for purposes of evaluating my suitability for employment, promotion, reassignment or retention as an employee. I additionally acknowledge my understanding that such reports may contain information concerning my credit standing or worthiness, character, general reputation, personal characteristics, or mode of living, and may include credit reports, criminal records checks, court records checks, and/or educational and employment records and histories.

By my signature below, I hereby consent to the release of consumer or investigative consumer reports that may be requested by Allen Academy regarding me, during the course of my employment with Allen Academy. I affirm that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke such consent at any time, I understand that I may do so by either signing the Refusal or Revocation of Consent Statement below and returning it to Allen Academy, at 3201 Boonville Rd., Bryan, TX 77802, or sending a signed letter or statement to Allen Academy at the same address, indicating that I revoke my consent to Allen Academy's obtaining consumer reports or investigative reports about me for employment purposes. I understand and agree that such refusal may be legitimate grounds for Allen Academy to refuse to offer employment with it, or to discontinue my employment with Allen Academy at any given time. I also understand that nothing in this policy changes the at will status of my present or future employment relationship with Allen Academy, if any.

I further understand that any and all information contained in my job application or otherwise disclosed to Allen Academy by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by Allen Academy and confirm that all such information is true and correct.

Name of Applicant (Printed)

Social Security Number

Employee Signature

Date



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Appendix A to Part 601

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.



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- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of	Office of the Comptroller of the Currency



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foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051