

# Employment Application

1176 Labelle Street

Jacksonville, FL 32205

Phone: 904-693-1503 | Fax: 904-693-1127

Website: [www.wayman.org](http://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:

- |  |  |
|--|--|
| <input type="radio"/> Wayman Academy of the Arts Team Up | <input type="radio"/> Wayman Early Learning Academy- Westside  |
| <input type="radio"/> Pine Forest Elementary Team Up     | <input type="radio"/> Wayman Early Learning Academy- Northside |
| <input type="radio"/> Blimore Elementary Team Up         | <input type="radio"/> Transformations Car Wash & Lawn Care     |
| <input type="radio"/> Life Change Family Services        |  |

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

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: \_\_\_\_\_