



12794 Forest Hill Blvd #14B. Wellington, FL 33411 * 561-784-1776 * info@gowca.org

Employment Application

Wellington Collegiate Academy is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Employment Position

Position(s) applying for: _____
How did you hear about this position? _____
On what date can you start if you are hired? _____

Personal Information

Are you a U.S. Citizen or approved to work in the United States? Yes___ No___
What document can you provide as proof of citizenship or legal status?

Is there any health/medical condition that we need to be aware of? Yes ___ No ___

If yes, please describe:

Job Skills/Qualification

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City,State)	Year Graduated	Degree Earned

College/University

Name	Location (City,State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City,State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? Yes__ No __

What military skills do you possess that would be an asset for this position?

Previous Employment - List from the most current.

Employer Name: _____

Job title: _____

Supervisor's Name: _____

Employer's Address: _____

City, State, Zip Code: _____

Date Employed: _____

Reason for leaving: _____

Employer Name: _____

Job title: _____

Supervisor's Name: _____

Employer's Address: _____

City, State, Zip Code: _____

Date Employed: _____

Reason for leaving: _____

Employer Name: _____
 Job title: _____
 Supervisor's Name: _____
 Employer's Address: _____
 City, State, Zip Code: _____
 Date Employed: _____
 Reason for leaving: _____

List 3 references:

Name	Title/Relation	Telephone#

AT-WILL Employment

The relationship between you and Wellington Collegiate Academy is referred to as "employment at will". This means that your employment can be terminated at any time for any reason with or without cause, with or without notice, by you or Wellington Collegiate Academy. No representative of Wellington Collegiate Academy has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will", and that you acknowledge that no oral or written statements or representation regarding your employment can alter your at-will employment status, except for a written statement signed by you and the director.

Applicant's Signature: _____ Date: _____

Print Name: _____