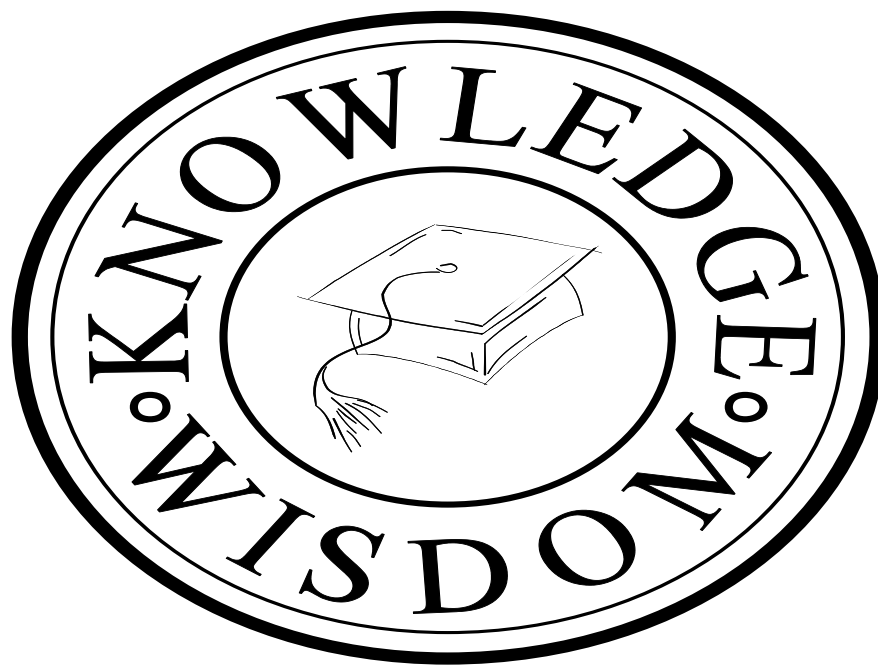


SOLID ROCK ACADEMY

APPLICATION FOR EMPLOYMENT

Applicant Name



106 Commerce Street

Fayetteville, Georgia 30214

Tel#: 770-997-9744

Fax#: 770-997-0061

E-mail: srajl@aol.com

Web Site: www.solidrockacademy.com

Excellence In Education

OFFICE USE ONLY

Date Application Received: _____

Date Available for work: _____

Interviewed by: _____

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____ C/S/Z _____

HOME#: _____ BIRTHDATE: _____ SS NO: _____

EDUCATION (Attach documentation of qualifying education)

	NAME / ADDRESS	DATES	DIPLOMA AND/OR CERT. OF DEGREE
HIGH SCHOOL		FROM _____ TO	
COLLEGE		FROM _____ TO	
GRADUATE SCHOOL		FROM _____ TO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		FROM _____ TO	

LIST EXPERIENCE FOR THE LAST 5 YEARS.

MONTH / YEAR	NAME & ADDRESS OF EMPLOYER	TELEPHONE#	POSITION
FROM _____ TO			
FROM _____ TO			
FROM _____ TO			
FROM _____ TO			
FROM _____ TO			

May we contact your previous employees? Yes _____ No _____ If no explain: _____

Do you have a criminal record? _____ Yes _____ No If Yes, Explain: _____

Have you ever been shown by credible evidence, e.g. Court order of Jury, a Department Investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? _____ Yes _____ No if Yes, Explain:

Do you have any physical handicap or mental health disorder, which would interfere with you ability to perform adequately the assigned job duties for which you are applying? _____ Yes _____ No if Yes, Explain: _____

Do you have a valid driver's license? _____ if Yes, give License Number and class of license: _____

Have you had CPR within the past two years? _____ If Yes, give expiration date: _____

References: Give below the names of three persons not related to you, whom you have known at least five years.

NAME	ADDRESS	TELEPHONE #

In case of Emergency Notify:

NAME	ADDRESS	TELEPHONE #

I certify that all information on this application is correct. I have not given any false statements concerning my qualification requirements. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

Solid Rock Academy admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. In addition, the school pursues a policy of open hiring without regard to race, color, national and ethnic origin.