

MATRIX ENTREPRENEUR ACADEMY

Po Box 10569 Bakersfield, CA 93389

Application for Certificated Employment

Date _____

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of our organization. Qualified applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, marital status, veteran status, or disability.

PLEASE PRINT

CONTACT INFORMATION:

Full Name _____

Present Address _____

Phone: Daytime _____ Cell _____

Fax _____ E-mail address _____

Social Security Number _____

Upon offer of employment, verification of your legal right to work in the United States will be required.

Driver's License Number _____ State of Issue _____ Expiration Date _____

Have you ever used another name? Yes No If yes, please provide name: _____

Referred to Matrix EA by: _____

EMPLOYMENT OBJECTIVE:

Position applying for _____ Date available _____

Schedule desired: Full-time Part-time

Have you ever been employed by MATRIX E A? Yes No If yes, give dates and position _____

Name of friends or relatives employed by MATRIX EA _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Can you work overtime & flexible shifts? Yes No Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Comments: _____

CERTIFICATED SCHOOL EXPERIENCE: Do not include day care, student teaching, or substitute experience (List in reverse order of occurrence with the most recent experience first).

District Name/Address (Street, City, State, Zip)	Assignments Grades/Subjects	Dates of Employment Mo/Yr Mo/Yr	Full Time Yes/No	Name of School Principal
		to		
		to		
		to		
		to		
		to		
		to		

Have you ever been dismissed or discharged or have you resigned in order to avoid discipline by any employer?

Yes No (If so, state on a separate sheet of paper, the name, address, and telephone number of the employer; the nature of the allegations, and the final disposition.

SUBSTITUTE EXPERIENCE

Identify all substitute experience that required certification (List in reverse order of occurrence with the most recent experience first. If necessary, attach a separate sheet of paper).

District Name/Address (Street, City, State, Zip)	Assignments Grades/Subjects	Dates of Employment Mo/Yr Mo/Yr	Full Time Yes/No	Name of School Principal

STUDENT TEACHING/PRACTICUM EXPERIENCE AND ADMINISTRATIVE INTERNSHIP (IF APPLICABLE)

City _____ School _____ Assignment/Grade/Subject _____
 Date _____ College _____ College Supervisor _____
 School Site Cooperating Supervisor _____

For additional practicums or internships, please attach a separate sheet of paper

CBEST Completed? Yes No When _____ Where _____

ORGANIZATIONS

Please list any job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, color, national origin, ancestry, sex or age.

CERTIFICATES HELD

List below teaching, administrative, and special certificates that you hold. Be certain to list all endorsements.

Type of Certificate and #	Endorsements	Issue Date	Expiration Date

CERTIFICATION INFORMATION

Have you ever had a certificate revoked or suspended, or have you ever surrendered a certificate in any state?

Yes No (If so, identify date, certificate, and reason on a separate sheet of paper.)

Has any state licensing authority taken any other adverse action against your certificate, including censure, warning, reprimand, etc.? Yes No (If so, attach explanation on a separate sheet of paper.)

ACADEMIC INFORMATION

Starting with your high school of graduation, list all institutions in order of attendance.

Name of Institution City and State	Dates Attended Mo/Yr Mo/Yr	Credits Earned (Indicate Sem. or Qtr.)	Degree Earned	Major	Minor
	to				
	to				
	to				
	to				
	to				
	to				

EMPLOYMENT EXPERIENCE OTHER THAN CERTIFICATED SCHOOL EXPERIENCE

Firm or Employer	Dates of Employment Mo/Yr Mo/Yr	Position/Title	Full Time Yes/No
	to		
	to		
	to		

REFERENCES

List three other individuals not related to you who have first-hand knowledge of your character, personality, scholarship and/or teaching ability.

Name and Relationship	Street Address City/St Zip	Area Code/Phone

REFERENCE CHECKING AUTHORIZATION

In signing my name below, I authorize MATRIX EA to contact my former employers, any references I have listed on the Application for Employment, or any other persons whom MATRIX EA determines would assist in validating my capabilities as an employee or verifying any information I have provided on the Application for Employment. I authorize those other persons to provide information for this purpose. I release those other persons from any liability for responding to MATRIX EA request(s).

Name (Please Print)

Social Security Number

Date

Signature

SUMMARY OF UNDERGRADUATE AND GRADUATE SCHOOL

Please summarize your undergraduate and graduate school credit/hours in the following categories.

Subject	Undergraduate	Graduate	Qualified to Teach	Willing to Teach or Tutor
Financial Education and Entrepreneurism				
Language Arts				
English Language Development (ELD)				
Social Studies				
Mathematics				
Science & Science Lab				
Performing Arts – Vocal Music				
Performing Arts – Instrumental Music				
Performing Arts - Drama				
Visual Arts				
Special Education				

Check the special activities you are qualified to teach, direct, or coach (Underline those you would be willing to teach or coach).

- Academic Decathlon
 Forensics
 Journalism
 Debate
 Newspaper
 Computers
 Computer Graphics
 Art
 Crafts
 Instrumental Music
 Vocal music
 Dance
 Color Guard
 Gymnastics
 Drama
 Physical Education
 Flag Football
 Cross Country
 Volleyball
 Basketball
 Soccer
 Track
 Baseball
 Softball
 Tennis
 Golf
 Swimming
 Wrestling
 Service Club
 Student Store
 Activities
 Cheerleaders
 Yearbook
 Field Trips
 Supervising Performing Groups
 Student Visit to Businesses
 Mentor Supervision
 Other (List) _____

What special talents or abilities do you have which may be useful to the students at the school?

Business Experience

1. Have you ever owned a business as a sole proprietor? Yes No
2. Did you have employees and had to manage cash flow and payroll? Yes No
3. Have you ever owned a business as a partner? Yes No
4. Have you been a partner in an LLC or an S Corp OR C Corp? Yes No
5. Have you ever started a business? Yes No
6. Have you managed a business owned by someone else? Yes No
7. List other business experience and connections (Parents, Family, etc.) _____

EMPLOYMENT ELIGIBILITY VERIFICATION

If employed, would you be able to provide proof of identity and employment authorization as required under Immigration and Naturalization Service Regulations? Yes No

1. Have you ever been convicted of a felony? Yes No

(If yes, please explain on a separate sheet of paper.)

2. Do you have a currently valid, unrestricted California driver's license? Yes No
3. Can you work the hours required for the job? Yes No
4. Would you work additional hours supervising students if it fits your schedule? Yes No

US MILITARY SERVICE

Have you ever served in the US Armed Forces? Yes No

Branch	Dates of Service	Military Duties/Training	Reason for Leaving

AGREEMENT

I agree and understand that if an offer of employment is made to me, such an offer will be conditional until I have provided transcripts verifying my academic background, until I have verified my certification status, and until a background check has been completed.

Signature of Applicant _____ Date _____

STATEMENT OF ACKNOWLEDGEMENT

1. I understand that if I am being considered for employment by Matrix Entrepreneur Academy, I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by MATRIX EA) and to authorize the release of the physical examination and test results to MATRIX EA. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

2. I also understand that as part of my Application for Employment that at any time during the course of such employment, I may also be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives, and employees, including attorneys, all medical information revealed during such examinations. I further authorize my employer to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. I understand this authorization will remain valid for five years from the date of this Application, and that if I become employed this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization.

3. Any acceptance of employment will be predicated upon the truthfulness and completeness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any written or verbal statement I have made is not truthful or contains omissions, any job extended to me may be withdrawn and, if employed, I may be subject to termination.

4. As an applicant for a position with MATRIX EA, I am not now, nor have I been in the past, engaged in inappropriate conduct towards minors, nor do I have inclinations toward such conduct. Inappropriate conduct includes, but is not limited to the following: homosexuality, verbal, physical, or sexual abuse as defined by state law.

5. I authorize my employer to make any investigation deemed necessary for employment consideration and promotion within the organization. I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. I release MATRIX EA, my former employers, references, and all parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

6. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with MATRIX EA does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services.

as determined by this organization. I also understand that any disputes arising out of such employment shall be resolved by binding arbitration or mediation, and in lieu of any court action or jury trial, which is expressly waived.

7. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with our termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

8. I understand that since I will be working with minors, I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as necessary for such an investigation. I authorize MATRIX EA to conduct a criminal records check.

9. I understand that my Application for Employment will be placed on active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, education achievements, etc.).

10. I acknowledge that I have read and understand all of the above statements.

Name (Please Print)

Social Security Number

Date

Signature

As an equal opportunity employer, we hire without consideration to race, religion, color, national origin, age, gender, marital status, veteran status or disability. We invite you to complete the optional self-identification fields below used for compliance with government regulations and record-keeping guidelines.

Gender _____ Race _____ Veteran/Disability _____

OFFICE USE ONLY

Response Sent _____

Interviewer _____

Verification of Employment _____

Personal Reference Verification _____