

Accelerated Interdisciplinary Academy (Pre K-6)



<u>District</u> Kevin Hicks, Executive Director

"Challenging Minds and Building Character"

P o Box 20589 – Houston, Texas 77225-0589 Telephone: (713) 283-6298 Fax: (713) 283-6190 School Hours: Mon.-Thurs. – 8:00 a.m. to 5:00 p.m. Friday Only: 8:00 a.m. to 2:00 p.m.

Application for Employment						
Name:					Date:	
		Tr. o				
(Last) Address:		(First)	Home Phone:	(M.I.)	Soc. Sec.#:	
11441355			1101110 1 1101101		Soci Secimi	
(Stree	t Name/Apt.#)		Cell Phone:		E-Mail:	
(01)	(0:1)	(71)				
(City)	(State)	(Zip)				
Have you previously applied for em	ployment with us before?Y	esNo	How were you referred to	AIA?		
If YES, Month	, Year		Self	Adverti	ementEmployee Ref	ferral
When will you be available to start	? Date:		€ Part-Time € F	ull-Time		
Educational or Professional Organi	izations:					
			-			
		Physical I	nformation			
How would you describe your phys	ical health:			personal limi	ations with the type of work you ca	an do
How would you describe your phys		_		_	ations with the type of work you ca	an do
			Are there any physical or	_	ations with the type of work you ca	an do
			Are there any physical or with children:Ye	sNo	ations with the type of work you ca	an do
Date of last physical exam:		ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
Date of last physical exam: Company Name:	Employ	ment Inform	Are there any physical or with children:Ye	sNo		an do
Date of last physical exam: Company Name: Starting Date: En	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
Date of last physical exam: Company Name:	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
Date of last physical exam: Company Name: Starting Date: En	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
Date of last physical exam: Company Name: Starting Date: En	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
Date of last physical exam: Company Name: Starting Date: En	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do
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Date of last physical exam:	Employ	ment Inform	Are there any physical or with children:Ye.	sNo	Telephone:	an do

Company Name:		Employment Information (Continued)	
		Job Title:	Telephone:
Starting Date:	Ending Date:	Salary (Starting/Ending):	Supervisor:
Briefly describe duties:	0		,
Reason for leaving:			
Company Name:		Job Title:	Telephone:
• •			
		Salary (Starting/Ending):	Supervisor:
Starting Date:	Ending Date:		
Briefly describe duties:			
Reason for leaving:			
Company Name:		Job Title:	Telephone:
Company Name:		Job Title: Salary (Starting/Ending):	Telephone: Supervisor:
	Ending Date:		
Starting Date:	Ending Date:		
Company Name: Starting Date: Briefly describe duties:	Ending Date:		
Starting Date:	Ending Date:		
Starting Date:	Ending Date:		
Starting Date:	Ending Date:		
Starting Date: Briefly describe duties:	Ending Date:		
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Starting Date: Briefly describe duties:	Ending Date:		

		Educ	ation					
	NAME OF SCHOOL	COURSE OF	STUDY	NO. YEARS COMPLETED	GRADUATE YES/NO	DEGREE OR DIPLOMA		
GRADUATE								
COLLEGE or								
UNIVERSITY								
HIGH SCHOOL								
OTHER								
	(Please I	REFER List 2 Professional Refer		onal Reference)				
Name:			Occupation:					
Address:			Telephone(s):					
Name:			Occupation:					
Address:			Telephone(s):					
Name:			Occupation:					
Address:			Telephone(s):					
		THIS SPACE FOR ADI						
The information or conformation or conformatio	n provided in this applicat emission of fact on this appli	ion for employm	in my dismis	correct and cossal.		nployed, any fal		
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			Si	gnature of App	ncant			