



Application for Employment

Hamza Academy is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:		
Street Address:		City, State & Zip:		
D.O.B:	Cell Phone:	Work Phone:	Email:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?		
Are you currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?		
Have you ever been employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
Are you related to any current school employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
How did you learn about this employment opportunity? Check all that apply:		<input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Other:		
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Dept. of Labor			
<input type="checkbox"/> Referral by employee (Name: _____)	<input type="checkbox"/> Website			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				



College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other credentials/ licenses/ professional affiliations, etc. which are relevant to the job(s) for which you are applying.					

SKILLS/HOBBIES: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert) Please also list relevant hobbies.

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

PLEASE NOTE: Hamza Academy reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time
Primary duties:		Reason for Leaving:
Dates Employed (previous to most recent position) From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	



Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time
Primary duties:		Reason for Leaving:

REFERENCES: Please provide references that we have permission to contact (NO relatives).

Company/Institution Name:	Name:	Number:
Notes:		

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Notes:		

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Notes:		

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PLE
REA

CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Hamza Academy to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit a physical exam and/or screening for use of illegal substances upon receipt of signed application. I understand that this document is NOT an offer of employment. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

AUTHORIZATION FOR BACKGROUND CHECK

I authorize Hamza Academy to obtain a background check report(s) on me. I also agree that a copy of this form is valid like the signed original. ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for Hamza Academy. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at www.adpselect.com. I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used. I also authorize Hamza Academy to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education. I understand that I am authorizing Hamza Academy to obtain a background check only to the extent permitted by law. By signing below, I understand that I am agreeing to the terms contained in this document.

Applicant Signature: _____

Date: _____

Interviewer Name: _____

Date: _____