

Fill out application and email it to:  
[careers@alpineacademy.org](mailto:careers@alpineacademy.org)



For more info, contact:  
**435-882-8835**

### APPLICATION FOR EMPLOYMENT

DATE:		POSITION APPLIED FOR:	ARE YOU AT LEAST 21 YEARS OF AGE? YES _____ NO _____
NAME:			
STREET ADDRESS:		DESIRED EMPLOYMENT: FULL-TIME PART-TIME TEMP	
CITY	STATE	PHONE:	
EMAIL:		EXPECTED WAGES:	
ARE YOU A US CITIZEN OR ARE YOU AUTHORIZED TO WORK IN THE US ON AN UNRESTRICTED BASIS? YES _____ NO _____		DATE AVAILABLE FOR EMPLOYMENT:	
JOB TITLE:	FINAL SALARY:		
SUPERVISOR'S NAME & TITLE:	PHONE:	MAY WE CONTACT: YES _____ NO _____	

### BACKGROUND INFO

DO YOU HAVE A CURRENT DRIVER'S LICENSE?	YES _____ NO _____	STATE:
DO YOU HAVE A RECENT VEHICLE VIOLATION?	YES _____ NO _____	IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <i>*A criminal Background Check (BCI) is required</i>	YES _____ NO _____	IF YES, PLEASE EXPLAIN:
SUPERVISOR'S NAME & TITLE:	PHONE:	MAY WE CONTACT: YES NO

### SOCIAL MEDIA

WE COMPLETE A SOCIAL MEDIA SEARCH ON ALL EMPLOYEES. PLEASE LIST ALL OF YOUR SOCIAL MEDIA SITES AND USERNAMES

### EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)?	YES _____ NO _____	
<b>List education history starting with highest level of education</b>		
NAME/LOCATION OF SCHOOL(S):	GRAD YEAR	DEGREE/CERTIFICATE/MAJOR
DO YOU PLAN TO CONTINUE YOUR EDUCATION?	YES _____ NO _____	IF YES, WHAT COURSE OF STUDY?
CURRENT LICENSES/CERTIFICATIONS:		

Fill out application and email it to:

[careers@alpineacademy.org](mailto:careers@alpineacademy.org)



For more info, contact:

**435-882-8835**

### EMPLOYMENT HISTORY

You must provide a minimum of two (2) professional references

COMPANY NAME:	ADDRESS:	PHONE:
---------------	----------	--------

START DATE:	END DATE:	REASON FOR LEAVING:
-------------	-----------	---------------------

JOB TITLE:	FINAL SALARY:
------------	---------------

SUPERVISOR'S NAME & TITLE:	PHONE:	MAY WE CONTACT: YES NO
----------------------------	--------	------------------------

COMPANY NAME:	ADDRESS:	PHONE:
---------------	----------	--------

START DATE:	END DATE:	REASON FOR LEAVING:
-------------	-----------	---------------------

JOB TITLE:	FINAL SALARY:
------------	---------------

SUPERVISOR'S NAME & TITLE:	PHONE:	MAY WE CONTACT: YES NO
----------------------------	--------	------------------------

COMPANY NAME:	ADDRESS:	PHONE:
---------------	----------	--------

START DATE:	END DATE:	REASON FOR LEAVING:
-------------	-----------	---------------------

JOB TITLE:	FINAL SALARY:
------------	---------------

SUPERVISOR'S NAME & TITLE:	PHONE:	MAY WE CONTACT: YES NO
----------------------------	--------	------------------------

### PERSONAL REFERENCES

You must provide at least one personal reference

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

***\*Please note: Any false information or statement provided will be grounds for immediate dismissal.***