



BIA is a public charter school authorized by the State Charter Schools Commission of Georgia. The Mission of Brookhaven Innovation Academy (BIA) is to provide students with an education that maximizes the realization of their individual talents and prepares them for success in a technology and information driven 21st Century Economy.

BIA is an equal opportunity employer. The School hires without consideration to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, veteran status, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time may result in immediate employment termination

Section 1 • APPLICANT INFORMATION: Please submit a resume with this Application for Employment.

First Name	Last Name	Middle Name

Street Address	City	State	Zip Code

Primary Contact Number	Alternate Contact Number	Email Address

Social Security Number	Other Names Used for Employment

Have you ever been convicted of a crime?	Yes	No
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If "yes", please explain on reverse side of this page or on an attachment.

Are you a relative of or related to anyone currently employed with BIA?	Yes	No
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If so, please state name:

Section 2 • POSITION PREFERENCES

For what position are you applying?	
Available Start Date:	
Other?	

Section 3 • CERTIFICATIONS: *List any certificates that you hold. Include, minimally, the following information: Certifying entity/State, content, expiration date, type and number. If you are enrolled in a program leading to a relevant certificate, please note the program and the approximate date of completion. List any additional training programs completed that may be relevant for the position that you seek. Please submit a photocopy of all certificates with this application.*

State	Certification	Date Issued	Exp. Date	Certificate Number

Section 4 • EDUCATION: Insert documentation requirement, e.g., Official transcripts are required

Name of College/University	City & State	No. of years completed	Degree Earned	Area of Study

**Please list additional colleges/universities attended on separate page.*

Section 5 • PROFESSIONAL AFFILIATIONS: Please list Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Section 6 • PROFESSIONAL REFERENCES

Name & Title	Company	Phone	Email

Section 7 • PREVIOUS EMPLOYMENT: List your current or most recent employment first. Include work related internships, military and volunteer work. Continue on separate sheet as necessary.

Current/Most Recent Employment:					City & State:		
Dates of Employment:	From:				To:		
Position Held/Title:							
Supervisor's Name & Title:					Phone No.		
Reason For Leaving							
May We Contact this Employer?	Yes	No	Salary:	Beg.			End

Previous Employer #2					City & State:		
Dates of Employment:	From:				To:		
Position Held/Title:							
Supervisor's Name & Title:					Phone No.		
Reason For Leaving							
May We Contact this Employer?	Yes	No	Salary:	Beg.			End

Previous Employer #3					City & State:		
Dates of Employment:	From:				To:		
Position Held/Title:							
Supervisor's Name & Title:					Phone No.		
Reason For Leaving							
May We Contact this Employer?	Yes	No	Salary:	Beg.			End

Previous Employer #4					City & State:		
Dates of Employment:	From:				To:		
Position Held/Title:							
Supervisor's Name & Title:					Phone No.		
Reason For Leaving							
May We Contact this Employer?	Yes	No	Salary:	Beg.			End

Section 8 • PERSONAL PHILSOPHY Using the space provided, write a short essay describing your approach to educating children.

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Section 9 • RELEASES AND APPLICANT'S SIGNATURE

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Brookhaven Innovation Academy and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

Signature of Applicant	Date

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Brookhaven Innovation Academy may be terminated.

Signature of Applicant	Date

Section 10 • How did you hear about Brookhaven Innovation Academy? Please mark the most appropriate response below:

College/ University	Recruiter/ Agency	Employee Referral	Advertisement	Current BIA Family Referral	Online Search	Other