



The Calvin O. Atchison, Sr. Summer Academy  
 1014 -14<sup>th</sup> Avenue North  
 Nashville, TN 37208

Employment Application- Please submit a resume along with this application.

**Applicant Information**

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
*Last First M.I.*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical concerns/ Allergies/Medications      YES      NO      Only list those that may require our special attention while at work (epi pen, seizure med, etc.).  
     

Are you a citizen of the United States?      YES      NO      If no, are you authorized to work in the U.S.?      YES      NO  
                 

Have you ever been convicted of a felony?      YES      NO  
     

Have you previously worked for Atchison Academy?      YES      NO      If yes, when? \_\_\_\_\_  
     

Position Applying for: \_\_\_\_\_

List Grade Preference:  
 Preference 1 \_\_\_\_\_ Preference 2 \_\_\_\_\_ Preference 3 \_\_\_\_\_

