

AS	SSISTANT APPL	ICATION		
Application Date:	Position/Intere	est:		
Availability – Please list your availability. Positions are matched based on needs.				
Tuesdays: () Any times between 7:30 – 3:30 () Limited hours. Please list:				
Wednesdays: () Any times between	8:00 – 3:30 () Limi	ted hours. Please lis	t:	
() Miss () Mrs. () Mr. () Dr. Name:				
	First		Last 	
Present Address:	City:		Zip:	
Length of time at this address:	Email:			
Home Phone:	Cell Pho			
*If you are a current assistant, we have you			nation is not required.	
	PERSONAL D	AIA		
Are you legally eligible for employment in the U.S.?				
List special skills (musical instruments, hobbies, etc):				
Please list any degree or degrees you currently hold starting with the most recent:				
Degree Issuing Institution & Date Granted:				
Your Major(s) & Minor(s):				
Please describe any further training/ conferences in which you have participated.				
EMPLOYMENT HISTORY				
Please start with your current or most re	cent employer.			
1. Position:	Date	s of Employment:		
Reason for leaving:				
Name of company:				
Supervisor's Name & Phone Number:				
2. Position:	Date	s of Employment:		

Reason for leaving:			
Name of company:	_		
Supervisor's Name & Phone Number:			
3. Position: Dates of Employment:			
Reason for leaving:			
Name of company:			
Supervisor's Name & Phone Number:			
CHRISTIAN BACKGROUND	-		
Please briefly give your testimony:			
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PERSONAL PHILOSOPHY			
Why do you wish to have a part in Arrows Academy?			
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What do you fool are your strengths? Weakness?	-		
What do you feel are your strengths? Weakness?			
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