



**1095 RIVERBANK ROAD  
 STAMFORD, CT 06903  
 Phone (203) 595-9500  
 Fax (203) 595-0735**

**THANK YOU FOR YOUR INTEREST IN THE MEAD SCHOOL.**

**PLEASE NOTE: BEFORE YOU CAN BE EMPLOYED BY THE MEAD SCHOOL, A BACKGROUND CHECK MUST OCCUR.**

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO MARTHA OROSZ, DIRECTOR OF FINANCE.**

**NAME:** \_\_\_\_\_  
                   **First**   **Middle (Required)**   **Last**

*IF YOU DO NOT HAVE A MIDDLE NAME, CHECK THIS BOX:*

**ADDRESS:** \_\_\_\_\_

**PREVIOUS ADDRESS (if less than 7 years):** \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_