

Application for Employment

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):					Other names under which you have attended school or been employed:			
Street Address: Ci				City	City, State & Zip:				
Social Security Number: Home Ph		none:		Work Phone:		Other Phone:			
Salary Desired:		_							
Are you 18 years of age or older?			Yes No Date Available:						
How did you learn Job Bulletin (Po Referral by emp	osting) /Walk	-in We			cck all that apply: f Labor	_	newsp magaz	• •	
EDUCATION									
Name of School	ol Cit	ty/State	Did yo gradua		If No, # of years left to graduate	If Yes, of Gradua		Degree received	Major
High School:			☐Yes ☐] No					
GED:			Yes [] No					
Other School:			Yes [No					
College:			Yes	No					
College:			Yes] No					
College:			Yes [
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.									

PROFESSIONAL INFORMATION

Type of Certifica	te	Date Issued	Expiration Date	State
Has your certificate ever been der	nied, suspended, or	revoked? If yes, ex	l plain.	Yes No
Has professional discipline of any	kind ever been in	nposed? If yes, expla	in.	☐Yes ☐ No
Teaching Interests				
nultiple positions with the same or	ganization, detail	each position separa	tely. Attach additional	sheets if necessary. Or
multiple positions with the same or of prior employment may be considuilitary or volunteer commitments PLEASE NOTE : SEATTLE COU	ganization, detail dered falsification . PLEASE DO No	each position separa of information. Plea OT complete this in:	tely. Attach additional se explain any gaps in formation with the nota	sheets if necessary. Or employment. Include f tion "See Resume."
multiple positions with the same or of prior employment may be considered in the prior employment may be considered in the prior of prior employment may be considered in the prior of prior employments. Dates Employed (most recent position)	ganization, detail dered falsification . PLEASE DO No	each position separa of information. Plea OT complete this in: IOOL reserves the ri	tely. Attach additional se explain any gaps in formation with the nota	sheets if necessary. Or employment. Include f tion "See Resume."
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Dates Employed (most recent position) From: To Supervisor's Name, Title and Phone # and Email:	Full time Part-time If part-time, # hrs./wk: Organization Name and Address: Other Reference Name, Title and Phone # and Email:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk: Organization Name and Address:	Title:
Supervisor's Name, Title and Phone # and Email:	Other Reference Name, Title and Phone # and Email:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	☐Full time ☐ Part-time If part-time, # hrs./wk: Organization Name and Address:	Title:
Supervisor's Name, Title and Phone # and Email: Primary duties:	Other Reference Name, Title and Phone # and Email:	Contact my current references: At any time Only if I am a finalist candidate Reason for Leaving:

EXPERIENCE WITH GIFTED EDUCATION (answer if applying for a teaching position)				
Please describe your experience working with gifted children.				
In a few words, how would you describe a gifted student.				
Has your training/experience included inquiry, discovery, and/or Socratic methods of teaching? Please explain.				
Briefly describe your style of teaching.				
Duiofly, describe your advectional philosophy				
Briefly describe your educational philosophy.				

OTHER REFERENCES Name/Address/Phone Number/Email:	
Ivanic/Address/Filone Ivanioci/Email.	
Occupation/Years Known:	
Name/Address/Phone Number/Email:	
Occupation/Years Known:	
Name/Address/Phone Number/Email:	
Occupation/Years Known:	
employment without regard to race, color, creed, religical challenges. In addition to federal law requirements, Sealaws governing nondiscrimination in employment. This	nt opportunities (EEO) to all employees and applicants for on, gender, age, national origin, sexual orientation, or physical attle Country Day School complies with applicable state and local s policy applies to all terms and conditions of employment, mination, layoff, recall, transfers, leaves of absence, compensation,
employment if discovered at a later date. I authorize Seattle Country Day S application and supporting materials. I authorize references and former em with this application for employment. If requested, I agree to submit to a pl for illegal substances upon conditional offer of employment. I understand t employment, if tendered, does not constitute a contract for continued guara will, and the employment relationship may be terminated at any time by eit If employed, I will be required to furnish proof of eligibility to work in the employed on a temporary basis, I would be paid for hours worked only, and	nts is accurate and complete. I understand and agree that failure to fully ounds for elimination from consideration for employment, or termination after school to investigate, without liability, all statements contained in this ployers, without liability, to make full response to any inquiries in connection hysical exam, criminal and credit background investigation, and/or screening that this document is not an offer of employment, and that an offer of unteed employment. I understand that staff employees of Seattle Country Day School serve ather party, for any or no reason, other than a reason prohibited by law. United States, and to comply with company and departmental regulations. I understand that if I would be ineligible for benefits including paid time off. If employed on a regular, benefits-tributions to the Seattle Country Day School Retirement System or to an optional retirement
Applicant Signature:	Date: