

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the School is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, citizenship status, pregnancy, genetic information, religion, or disability, or any other category protected by applicable federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the School or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the School. I also authorize the School to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the School reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the School or its designee. I release the School and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other School documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the School has a similar right. I understand that no manager, representative, or agent of the School has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Head of the School may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the School's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE SCHOOL MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, OTHER EMPLOYMENT RELATED PURPOSES DURING MY EMPLOYMENT WITH THE SCHOOL. I AUTHORIZE THE SCHOOL AND/OR PERSONS ACTING ON THE SCHOOL'S BEHALF TO OBTAIN THESE REPORTS.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

BY SIGNING THIS APPLICATION, I WAIVE MY RIGHT TO A JURY TRIAL OVER ANY CLAIM OR CONTROVERSY RELATED TO OR ARISING UNDER THIS EMPLOYMENT APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT (AND ANY OF ITS TERMS AND CONDITIONS) AND/OR MY SEPARATION FROM EMPLOYMENT (WHETHER SUCH CLAIM ARISES UNDER THIS APPLICATION, STATUTE, REGULATION, LOCAL LAW, OR COMMON LAW).

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Date

Applicant's Signature

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner, as no action can be taken on this application until all questions have been answered and you will not be considered for employment.

PERSONAL DATA

Date _____

Last Name		First Name		Middle Name	
Email:					
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____			
Previous Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____			
Telephone Number(s)		Social Security Number		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

Are you seeking Full-time Part-time Extended Day Summer Program Substitute

Position applied for _____ Salary Desired _____

Date Available to start _____

How did you learn of our school and/or position? _____

Are there any afternoons from 3:30 to 5:00 p.m. you would be unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work _____

BACKGROUND INFORMATION

List any other names which you may have used and which will be necessary to verify prior to your employment.

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully?

Do you have any friends or relatives working here? Yes No

Have you ever applied to our school before? Yes No

Have you ever worked for our school before? Yes No

If you have ever applied or worked for our school before, state when and where you applied and/or worked.

How many days of school (or work) have you missed in the last two years?

How many times have you been late for school (or work) in the last two years?

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without reasonable accommodation? Yes No

Have you ever been terminated, or asked to resign from any job, or not offered a contract to return the next year? Yes No

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, please explain. _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service, part-time and seasonal employment, and any periods of unemployment. If self-employed, give firm name and supply business references. **Fill out this form completely.**

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		Pay
		From To Mo. Mo.	Ending \$ _____	
Telephone Area Code ()	Nature of Business	Yr. ____ Yr. ____	Ending \$ _____	
Title	Reason for Leaving			
Duties				

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		Pay
		From To Mo. Mo.	Ending \$ _____	
Telephone Area Code ()	Nature of Business	Yr. ____ Yr. ____	Ending \$ _____	
Title	Reason for Leaving			
Duties				

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		Pay
		From Mo.	To Mo.	Starting \$ _____
Telephone Area Code ()	Nature of Business	Yr. ____ Yr. ____		Ending \$ _____
Title	Reason for Leaving			

Duties

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed		Pay
		From Mo.	To Mo.	Starting \$ _____
Telephone Area Code ()	Nature of Business	Yr. ____ Yr. ____		Ending \$ _____
Title	Reason for Leaving			

Duties

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

May we contact your current employer? Yes No

If no, please explain. _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying.

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver’s license? Yes No

If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver’s license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

Do you have personal automobile insurance? Yes No

If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No

If yes, explain: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

OTHER INFORMATION

Use this space below to describe why you are interested in working for Highlands School and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references not relatives or former employers.

Name	Address	Phone	Occupation	Years Known
