



**APPLICATION FOR EMPLOYMENT**

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Applicants requiring accommodation to complete the application and/or interview process should contact Crane Country Day School directly at (805) 969-7732 x104.*

Position Applying for			
Print Name (Last, First, and Middle)			
Street Address		City	State
Phone Number	Alternate Phone Number		Email

Please read carefully and complete all sections to the best of your ability.

**Employment Experience**

List the names of your present and previous employers in chronological order with current or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional pages if necessary.

Name of Employer	Supervisor	May we contact?
Address		
Phone Number	Dates Employed (Month/Year)	
	From:	To:
Job Title	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
Address		
Phone Number	Dates Employed (Month/Year)	
	From:	To:
Job Title	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
Address		
Phone Number	Dates Employed (Month/Year)	
	From:	To:
Job Title	Reason for Leaving	

Explain any gaps in your employment history:

List any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

**Education**

Describe your educational background in the table below starting with highest level completed.

School Name	Location (City/State)	Degree Completed	Area of Study

**Business and Professional References**

List three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number	Email

**General Information**

1. If hired, can you present evidence of your identity and legal right to work in this country? YES\_\_\_\_ NO\_\_\_\_
2. As described in the job description, are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? YES\_\_\_\_ NO\_\_\_\_

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions*

**Applicant Statement and Agreement**

Read and initial each paragraph below. If there is anything that you do not understand, please ask the Director of Finance and Operations: rborja@craneschool.org.

\_\_\_\_ I hereby authorize Crane Country Day School to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize references I have listed and former employers to respond to these inquiries.

\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_ I understand that if I am selected for hire, I am required to submit to a full background check via LiveScan.

\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_ If hired, I understand and agree that my employment with the School is at-will, and that neither I nor the School is required to continue the employment relationship for any specific term. I further understand that the School or I may terminate the employment relationship at any time, with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS:**

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_