



**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 THE MEAD SCHOOL.

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 _____