

Application of Employment

Spartanburg Day School welcomes people of diverse backgrounds and beliefs. We are committed to creating an environment of respect for our faculty, staff and students. Spartanburg Day School is an Equal Opportunity Employer with a policy of non-discrimination in the treatment of employees or applicants of employment without consideration of race, color, gender, religion, sexual orientation, marital status, national or ethnic origin, age, veteran status, sex (including pregnancy), gender identity or the

(Please print)				Date of App	olication:			
Name:	Last	First				MI		
Address:	Street		Ci	hy		State	_	Zip
Telephone:	Home	Cell						Σίρ
Email:	nome	Cell		-		Business		
Position Desired:					_	(Circle one):	F	art-time ull-time Other
	olied for a position w	vith us?		Yes No	 If "Yes"	', when?		otner
Have you ever been employed by us?				Yes No	If "Yes", when?			
Do you have a relative working here?				Yes No	If "Yes", who?			
Are you currently	employed?			Yes No				
		EDUC	ATIONA	L DATA				
School		oer & Street, State & School Listing	& Zip for	Number o		Degree Name Year	& N	lajor Course of Study
High School								
College								
Graduate School								
Other								

Fax: 864-582-7530

PREVIOUS EMPOYMENT								
In the following spaces, give a complete record of your employment including period of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, please continue on a separate sheet.								
with your most reed	are employmen	t dira work b	MOST RECENT EMPLOYE		, orr a separate si	reet.		
Date: Month	and year	Print name, Number & Street, City, State, & Zip			Salary	Last Title/ Position		
From:	,		,	1-				
To:								
Immediate Super	visor's Name	and Phone		Other	r Positions Held:			
Duties:	~.							
Reason for Leaving	g: 							
Date: Month	and vear	Print name	, Number & Street, City, State, &	7in I	Salary	Last Title/ Position		
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Immediate Super	visor's Name	and Phone		Other I	Positions Held:			
Duties:				-				
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Date: Month	and vear	Print name	, Number & Street, City, State, &	7in I	Salary	Last Title/ Position		
From:	ana year	Timename	, ridiniser & street, city, state, &	216	Salary	East Helef Tosicion		
To:								
Immediate Super	visor's Name	and Phone		Other	Positions Held:			
Duties:								
Reason for Leaving	g:							
(In response to these inquiries, continue on a separate sheet if you require additional space). 1. Have you ever been dismissed or forced or asked to resign from any employment? Yes No If you answered "Yes" to the above, please explain.								
					-			
			OTHER SPECIAL SKILLS					
Are there any other for employment wit			ications you feel would especially s	upport your a	pplication			
			REFERENCES					
List three individuals.	DO NOT include i	relatives or foi	rmer employers.					
Name	Occup	ation	Address	Pho	ne Number	How Long Known		
						J		
	<u>l</u>							
	_		GENERAL INFORMATIO	N				
1. Are you over 18								
2. Have you ever been convicted of a felony?: (An affirmative response will not necessarily disqualify you from the job for which you are applying. Each conviction will be								
	merits with resp	pect to time o	isqualify you from the job for whicl and job relatedness.) 	h you are app	ying. Each convi	ction will be		
					-			

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APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered on a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. I understand that in the event I am offered employment with the School, that I may be required, as a condition of employment, to submit to a physical/health examination. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to any lawful drug testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

IMPORTANT. I UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIC TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. I UNDERSTAND THAT NO REPRESENTATIVE OF THE SCHOOL, OTHER THAN THE HEADMASTER, HAS THE AUTHORITY TO BIND THE SCHOOL TO ANY EMPLOYMENT CONTRACT FOR ANY SPECIFIED PERIOD OF TIME, EITHER VERBALLY OR IN WRITING. THE ONLY VALID CONTRACT FOR EMPLOYMENT BETWEEN THE SCHOOL AND ANY EMPLOYEE MUST BE IN WRITING AND SIGNED BY THE HEADMASTER.

I understand that according to federal law all individuals who are	hired must, as a condition of employment, produce certain
documentation to verify their identity and U.S. citizen status or,	if aliens, their legal authorization to work in the U.S. As a
consequence, I understand that any offer of employment would	be contingent on my ability to produce the required
documentation within the time period required by law. SDS part	cicipates in the e-Verify program.
Signature of Applicant	Date

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