

## Application for Employment

#### PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

The Berkeley Carroll School ("Berkeley Carroll") is an Equal Opportunity Employer. The School makes all employment decisions, including those related to recruitment, hiring, training, promotion, on the basis of an individual's ability and job-related qualifications, and without regard to age, race (including traits historically associated with race, such as hair texture and protective hairstyles), religion, color, national origin, gender, gender identity, sexual orientation, disability, pregnancy, marital status, partnership status, immigration or citizenship status, genetic information, veteran status, arrest or conviction status, status as a victim of domestic violence, stalking and sex offenses, genetic characteristics, sexual and reproductive health decision-making, pre-employment marijuana testing, credit history, caregiver status, height, weight, or other characteristics protected by applicable law.

Berkeley Carroll complies with the law regarding reasonable accommodation for applicants and employees with disabilities. If you need a reasonable accommodation in order to participate in the application process, please contact Berkeley Carroll's Human Resources Department.

TO APPLICANT: We appreciate your interest and are interested in your qualifications. In order for the School to evaluate your application, please provide us with the following information. Be sure to answer fully and completely and use additional pages if needed.

#### PERSONAL INFORMATION

Name		
Last	First	Middle
Contact Information		
Home Phone	Cell Phone	E-mail

# Address

Street	City	State	D	Pate(s) at Address
<b>Previous Address</b>				
Street	City	State	D	Pate(s) at Address
<b>Previous Address</b>				
Street	City	State	D	Pate(s) at Address
EMPLOYMENT DESIRE	ED			
For what positions are you	ı applying?			
Salary Expectation?				
Date available to start?				
Are you willing to work e	venings or weekends i	if required?	Yes	No
Have you ever been employed by Berkeley Carroll?			Yes	No
If yes, what was th	ne approximate date of	f such employment?		
Position:	Na	ame of supervisor:		
Have you ever applied for a position at Berkeley Carroll before?			Yes	No
Are you related to any current employee of Berkeley Carroll?				No
If yes, what is that	person's name?			
Did you attend Berkeley (	Carroll as a student?		Yes	No
If yes, indicate dat	es of attendance and g	graduation date, if applica	able.	

Are you related to any student of Berkeley Carroll?

Yes No

If yes, what is that person's name?

Are you authorized to work in the U.S. for Berkeley Carroll?

Yes No

Note: If hired, a Form I-9, Employment Eligibility Verification, must be completed at the start of employment.

## **EDUCATION**

High School/GED	Months/Years of Attendance:	Graduated:
Name:	From:	Yes No
City/State:	То:	Diploma Awarded?
		Yes No
Undergraduate	Months/Years of Attendance:	Course of Study/Major:
College/University	From:	
Name:	То:	Type of Degree Awarded:
City/State:	10.	Type of Degree Awarded.
	Graduated:	
	Yes No	
Graduate/Professional	Months/Years of Attendance:	Course of Study:
School:	From:	
Name:	To:	Type of Degree
City/State:	Graduated:	
	Yes No	

Business/Vocational/Trade School	e Graduated:	Type of Degree	Awarded:
Name:	Yes No		
City/State:			
List other relevant profess	sional designations, licenses	, and/or certifications:	
Name of Designation, Licer	nse, or Certification:		
State(s) Issued:	Year Issued:	Year Issued: Expiration Date:	
Name of Designation, Licer	nse, or Certification:		
State(s) Issued:	Year Issued:	Expiration Date:	
without interruption, starting include additional pages and should include in your work had current or LAST EMPL	attach to this application. Inc nistory any work performed o	lude summer and part-tir	=
Name Position	Full or Part-Ti	me Dates	Employed
Street City	State	Zip Code	Phone
Supervisor		Hours Worked	Per Week
Reason for Leaving:			

## PREVIOUS EMPLOYER

Name	Position	Full or Part-Time	Dates E	mployed
Street	City	State	Zip Code	Phone
Supervisor Reason for Leavi	ng:		Hours Wo	rked Per Week
PREVIOUS EM	IPLOYER			
Name	Position	Full or Part-Time	Dates En	nployed
Street	City	State	Zip Code	Phone
Supervisor Reason for Leavi	ng:		Hours Worked Po	er Week

## GENERAL BACKGROUND QUESTIONS

Have you ever been dis employer?	ciplined, suspended, dismissed, or involuntarily terminated by a prior
If yes, please describe the	he nature and circumstances surrounding that discipline, suspension,
dismissal, or involuntar	y termination.
REFERENCES	
Please provide three ref	erences that are not related to you but are former or current employers or
colleagues including yo	our most recent direct supervisor. We will inform you before any
references listed are con	ntacted.
Name	Relationship
Job Title	Organization
Phone	Email
Name	Relationship
Job Title	Organization
Phone	Email
Name	Relationship
	Organization
Phone	Email
•	information we should be aware of that if discovered while you were Carroll would reflect poorly upon the School? If yes, please describe:

#### **ACKNOWLEDGMENT**

I certify that the information given herein is true and complete to the best of my knowledge. My current and former employers, educational institutions, and personal references may provide information that they may have about me in response to inquiry from Berkeley Carroll. I understand that any offer of employment by Berkeley Carroll is contingent upon obtaining any information learned through the above-mentioned reference checks as well as upon the successful completion of a criminal history and background check.

I understand that omitting relevant information or providing misrepresentations or false or misleading information in my application, resume, or during the interview process may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment. I understand that if employed, my employment will be at-will.

Last (Please Print)	First	Middle
Signature of Applicant		Date
RELEASE		
from all liability with regard background investigation Additionally, I hereby release	ard to furnishing information described in the accompasse and agree to hold Berkele many liability or claim I mig	, entity, institution or government agency on to Berkeley Carroll pursuant to the anying Disclosure and Authorization by Carroll, and any of its trustees, agents the have against them relating to or arising
Last (Please Print)	First	Middle
Signature of Applicant		Date