



ALMADEN COUNTRY DAY SCHOOL

APPLICATION FOR SCHOOL EMPLOYMENT

Position Applying For: \_\_\_\_\_

Thank you for your interest in employment at Almaden Country Day School (ACDS). Completing and signing this form on p.7 is the first step in our hiring process. We welcome your application!

PERSONAL INFORMATION	
Name	Cell Phone Number
Street Address	Home Phone Number
City	State Zip Email:
How did you learn about this job opening?	
Are you capable of performing the essential functions of the job you are applying for with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that you cannot perform:	
<i>[Note: Almaden Country Day School complies with the ADA and considers reasonable accommodations necessary for eligible applicants to complete this application and perform essential functions.]</i>	
Have you ever applied for employment with the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Upon hire, can you provide proof of your eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION		
College	Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Major/Minor:
	Location:	Degree Earned:
College	Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Major/Minor:
	Location:	Degree Earned:

Graduate School	Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject:
	Location:	Degree Earned:
Graduate School	Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject:
	Location:	Degree Earned:
Other	Name of School/Program:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject You Studied:
	Location:	Degree/Certificate Earned:
Other	Name of School/Program:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject You Studied:
	Location:	Degree/Certificate Earned:
High School	Name:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location:	

**EMPLOYMENT HISTORY**

*Please begin with most recent employment and include all preschool and K-12 public or private school employment of any kind at any time. Please also include other employment during the past 10 years, using extra sheets if necessary.*

Employer Name		Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	State	Zip	
Position(s) Held		Dates Employed	
Supervisor's Name			
Phone number		Email	

Reason for Leaving

Employer Name		Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	State	Zip	
Position(s) Held		Dates Employed	
Supervisor's Name			
Phone number		Email	

Reason for Leaving

Employer Name		Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	State	Zip	
Positions Held		Dates Employed	
Supervisor's Name:			
Phone Number		Email	

Reason for Leaving

**EMPLOYMENT HISTORY Continued**

Employer Name	Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address		
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City	State	Zip
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Position(s) Held	Dates Employed
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Supervisor's Name
-------------------

Phone number	Email
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Reason for Leaving
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Employer Name	Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address		
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City	State	Zip
------	-------	-----

Position(s) Held	Dates Employed
------------------	----------------

Supervisor's Name
-------------------

Phone number	Email
--------------	-------

Reason for Leaving
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Employer Name	Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Address		
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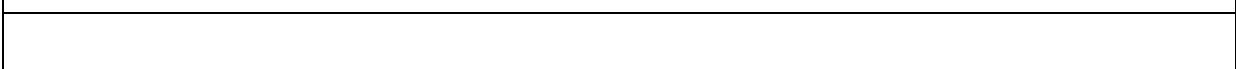
City	State	Zip
------	-------	-----

Positions Held	Dates Employed
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Supervisor's Name:
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Phone Number	Email
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Reason for Leaving
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<b>EMPLOYMENT HISTORY Continued</b>		
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Employer Name	Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
---------------	----------------------------------------------------------------------------------------------------------	--

Address		
City	State	Zip
Position(s) Held		Dates Employed
Supervisor's Name		
Phone number		Email
Reason for Leaving		
Employer Name		Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip
Position(s) Held		Dates Employed
Supervisor's Name		
Phone number		Email
Reason for Leaving		
Employer Name		Is this employer an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
City	State	Zip
Positions Held		Dates Employed
Supervisor's Name:		
Phone Number		Email
Reason for Leaving		

OTHER INFORMATION		
Have you ever been discharged or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of employer and reasons stated by employer:		
Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:		
Do you have any licenses, credentials or certifications relevant to the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of license/credential/certification(s)	State/Organization	Date Issued
Has your license/credential/certification(s) ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, why?		
REFERENCES		
<i>List below three persons not related to you who have knowledge of your work performance and suitability for employment. <b>Include at least TWO (2) supervisors.</b></i>		
Name	Number of years acquainted	
Email	Phone Number	
How do you know this reference?		
Name	Number of years acquainted	
Email	Phone Number	
How do you know this reference?		
Name	Number of years acquainted	
Email	Phone Number	
How do you know this reference?		

ACDS is required to request the following information under California law SB 848. **Please read carefully, initial each paragraph and sign below.**

_____ Initials	I certify that my answers to the questions on this application are true and correct, and that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation or omission of material fact in this application or any other document used to secure employment will be cause for refusal to hire or immediate dismissal if I am employed, regardless of the time elapsed before discovery.
_____ Initials	I understand that if offered employment I will be required to submit fingerprints for a LiveScan criminal background check. California Education Code Section 44237(e)(1) bars private schools from employing anyone convicted of (1) a violent or serious felony or (2) convicted of a crime that would preclude employment in a public school.
_____ Initials	I understand that if hired, I cannot start employment before the school receives completed verifications required under SB 848 from all my prior educational institution employers that show no substantiated reports of egregious misconduct.
_____ Initials	I authorize the school to thoroughly investigate my references, work record, education and other matters related to my suitability for employment including contacting representatives of current or former employers whether or not I have listed them as references on this application. I understand that the school may investigate information including, without limitation, my eligibility for rehire, the reasons for my separation from employment, opinions or reviews concerning my performance and conduct, including both positive and negative information, information concerning complaints, if any, submitted regarding my behavior toward employees or students, and all reference check information required under <a href="#">California SB 848</a> . I hereby release the school, my current and former employers and all other persons from all liability in responding to inquiries in connection with my application, and I also release the school from any and all claims, demands and liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initials	I understand that nothing contained in this application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the school. I further understand that no representative of the school, other than the Head of School, has the authority to enter into an agreement with me for employment other than "at will" or make any agreements otherwise contrary to the foregoing, and such an agreement must be in writing and signed by the Head of School.
_____ Initials	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.

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

Dated: \_\_\_\_\_



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APPLICANT QUESTIONNAIRE

**LISTING OF ALL PREVIOUS EDUCATIONAL INSTITUTION EMPLOYERS**

Under California [SB 848](#), a person applying for a position at an “Educational Institution” (a California K-12 public or private school, school district, county office of education, charter school, state special school, or diagnostic center) must provide the prospective Educational Institution employer with a complete list of Educational Institutions where the applicant has been previously or currently employed. Please complete this questionnaire to provide the information required by SB 848.

I hereby certify that I have listed below every Educational Institution that has employed me at any time. I understand that the school may verify this information and that any omission or misrepresentation of facts may be considered grounds for my disqualification from further consideration or, if employed, for termination of my employment.

Applicant Name	
Signature	
Date Signed	
Former name (if applicable)	
Social Security No. (Last 4 #s)	
Street Address	
City, State, Zip Code	

Check here if applicant has no previous educational institution employers:

## Educational Institution Employers

(attach separate pages if necessary)

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			

Employer:		
Address:		
Contact Name:		
Phone No:	Email:	
Dates of Employment:		
Position(s) Held:		
Reason for Leaving:		

Employer:		
Address:		
Contact Name:		
Phone No:	Email:	
Dates of Employment:		
Position(s) Held:		
Reason for Leaving:		

Employer:		
Address:		
Contact Name:		
Phone No:	Email:	
Dates of Employment:		
Position(s) Held:		
Reason for Leaving:		

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			

Employer:			
Address:			
Contact Name:			
Phone No:		Email:	
Dates of Employment:			
Position(s) Held:			
Reason for Leaving:			



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**AUTHORIZATION TO CONDUCT REFERENCE CHECKS**

**Applicant: Please read the information on this form carefully and completely.**

I have applied for employment with Almaden Country Day School (ACDS). I authorize ACDS to conduct a reference check with all my present and/or previous employer(s), educational institutions, and personal references, whether such references are provided by me or not.

My signature below authorizes my former or current employers, educational institutions I have attended, and personal references to release information that ACDS requests about my employment, educational, or personal background, whether the information is positive or negative.

I authorize my current and former employers to release all credible information related to any acts of egregious misconduct within the meaning of California SB 848 to ACDS. Such information includes copies of all related documents in personnel, investigative, or other files.

I knowingly and voluntarily release all former and current employers, educational institutions, and personal references and ACDS from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, my personal character, and my suitability for employment with ACDS.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Name	
Signature	
Former name (if applicable)	
Social Security No. (Last 4 #s)	
Date Signed	