|  |  |
| --- | --- |
| C:\Users\khimebaugh\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\C7CEW9YT\Crosland Logo 2.jpg | Employment Application |

Personal Information

Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last First Middle Initial

Current Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  Street City State Zip Code

Phone:(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Choice Second Choice

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you
have any questions about the functions of the job, please ask the interviewer before answering this question.)*

Yes No

Are you legally eligible to work in the United States?

 Yes No

Organizations in which you take an active part: (mention any office(s) you have held.)

 Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

*Professional:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Position/Occupation | Address | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Personal:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Position/Occupation | Address | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do we have permission to contact these people at this time? Yes No

If no, please check which reference numbers **not** to be contacted: 1 2 3 4 5 6

**Education (**College or University, High School - Begin with most recent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | Name of Institution | Major | Minor | Year of Graduation | Degree |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Work Experience -** Begin with most recent (Include practice teaching if less then 2 years experience)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  | To | Company | Address | Supervisor & Phone |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add here any special honors, outstanding achievements, awards, etc., or individual strength not identified earlier in this application, which you feel, will assist in arriving at a true estimate of your qualifications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information on this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in this application and any supplement. I also understand that an omission or falsification of information on this application or any supplement may result in refusal of, or immediate discharge from employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The John Crosland School that such employment with The John Crosland School is at will, for no specified duration and may be terminated by either The John Crosland School or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The John Crosland School or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The John Crosland School except the Head of School has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Head of School of The John Crosland School.

In consideration for employment with The John Crosland School, if employed, I agree to conform to the rules, regulations, policies and procedures of The John Crosland School at all times and understand that such obedience is a condition of employment. I understand that due to the nature of The John Crosland School business, attendance and punctuality are considered essential requirements of every job at The John Crosland School and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with The John Crosland School, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to The John Crosland School and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

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