



Employment Application

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Administration Department. Information provided on this application will be kept confidential and only be shared with those involved in the selection process.

Please provide all information requested. Incomplete information may disqualify you from consideration.

Please Print.

Today's Date: _____

General Information

Name

Last First Middle

Present Address

Street City State Zip Code

Telephone Number _____ Alt Number _____ Email _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

As required by law, documents that prove identity and eligibility to work must be provided at the time of hire.

Employment Desired

Position Applied For: _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____

Specify days and hours available, if part-time: _____

Date available to start work: _____ Salary Expectations: _____

Have you applied for employment with this company within the last 12 months? Yes No

Have you ever worked for us before? Yes No

(Please provide your name of record at that time, job title and dates of employment)

An Equal Opportunity Employer



Education

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

Special Skills/Additional Training

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, religion, sex, national origin, genetic information, disability or age or any other status protected by law or regulation.

Miscellaneous

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer(s), date of termination(s) and reason(s) for termination:



Employment History

(Please Start With Your Present or Most Recent Position)

Name Of Employer:	Address:		
Telephone Number:	Email Address:		
Dates Employed: From: To:	Name And Title Of Supervisor:		
Position:	Reason For Leaving:		
Brief Description Of Your Work And Responsibilities:			
If present employee, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name Of Employer:	Address:		
Telephone Number:	Email Address:		
Dates Employed: From: To:	Name And Title Of Supervisor:		
Position:	Reason For Leaving:		
Brief Description Of Your Work And Responsibilities:			

Name Of Employer:	Address:		
Telephone Number:	Email Address:		
Dates Employed: From: To:	Name And Title Of Supervisor:		
Position:	Reason For Leaving:		
Brief Description Of Your Work And Responsibilities:			

Name Of Employer:	Address:		
Telephone Number:	Email Address:		
Dates Employed: From: To:	Name And Title Of Supervisor:		
Position:	Reason For Leaving:		
Brief Description Of Your Work And Responsibilities:			



References

Please provide the names of three business references that are not related to you.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

Signature

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process may eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between Tamarack Waldorf School (TWS) and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and TWS has the right to terminate my employment at any time, for any reason or no reason, with or without notice. TWS' policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior leadership of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize TWS and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide TWS and its representatives any job-related information, personal or otherwise, they may have regarding me and I release TWS and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by TWS or its representatives which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that TWS or its representatives may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment

By signing below, I acknowledge that I have read and understand the above statements.

Date

(Signature of Applicant)