



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION (Please Print)

DATE OF APPLICATION	FULL NAME
STREET ADDRESS	CITY STATE ZIP
HOME PHONE	CELL PHONE E-MAIL ADDRESS
DATE OF BIRTH	SOCIAL SECURITY # DRIVER'S LICENSE #

### POSITION DESIRED

POSITION FOR WHICH YOU ARE APPLYING	HOURS AVAILABLE FOR WORK	RATE OF PAY DESIRED
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### GENERAL QUESTIONS

Are you employed now?	YES	NO	May we contact your present employer?	YES	NO
Have you ever applied to Fairhaven Day School before?	YES	NO	If yes, when?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	YES	NO	<i>Proof of citizenship or immigration status will be required upon employment</i>		
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?	YES	NO	If yes, please describe in full:		
If related to anyone at Fair Haven Methodist Day School, please state their name:					
Referral Source (please circle one)	Advertisement	Friend	Relative	Walk-in	

EDUCATION	NAME & LOCATION OF SCHOOL	# YEARS	DID YOU GRADUATE? YEAR?	DEGREE/ DIPLOMA
High School				
College/University				
Trade, Business or Technical School				

General subjects of special study or research work (qualifying work experience, i.e., home employment, volunteer work, etc.):

Other special skills or training (languages, computers, etc.):

**FORMER EMPLOYERS:** List below record of employment for the past 10 years, starting with the last one first. List all jobs.

FROM	TO	EMPLOYER NAME, ADDRESS, PHONE #	SALARY	POSITION	REASON FOR LEAVING

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year or more.

NAME	ADDRESS	TYPE BUSINESS	PHONE #	YEARS ACQUAINTED

**CONTACTS:** In case of accident or illness, please contact:

NAME	ADDRESS	DAYTIME PHONE #	RELATIONSHIP

## JOB APPLICANT AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it should be considered sufficient for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputations, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between either party for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains the same right."

"I understand that prior to being offered employment with the Company I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform a Leadership Team Member prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Company reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that employment policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part at any time."

"I understand that this application will be kept active for 30 days from the date completed, after which time I would have to re-apply in accordance with established Company procedures."

"I certify that I have never been convicted of and it has never been shown by credible evidence, e.g., a court or jury, a department investigation or other reliable evidence that I have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct."

"I understand that as a condition of the application process the Company will perform a federal, state, and local criminal history and records check, and by signing this application I acknowledge my understanding of this and my consent to such checks and any updated reports."

"I understand a confidentiality letter must be signed and kept on file at the school."

CPR and First Aid are prerequisites for employment. You have thirty days from date of your signature to supply proof of certification.

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_