



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS BEFORE AND DURING EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long _____ DOB: ____ - ____ - ____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address, if possible)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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WALDORF KNOLL ACADEMY

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Please complete the following if driving is or may be an essential function of the job for which you are applying.

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

All applicants please complete the following

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills	_____ _____			

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

**Work
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Continued work experience

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

By signing my name below, I certify that all of the information provided by me in this Job Application, in my resume', and in any interview is true, correct, and complete. I understand and agree that, if I make any false statement or fail to fully answer any question, then **Waldorf Knoll Academy** ("the School") may reject my application and /or immediately terminate my employment. I authorize the School to contact my schools, current or former employers (unless otherwise indicated), references and any other persons and organizations regarding me. I authorize all such schools, employers, references, and other persons and organizations to release accurate information about me to the School.

I understand that, if the School makes an offer of employment to me, I will be required to submit to random drug and alcohol test and a physical/psychological examination, both as permitted by law. I understand that I will be required to authorize the release of the results to the School.

I understand that, if I am hired in any position, my employment with the school will be terminable "at will". **This means that my employment will be for an indefinite period of time and may be terminated at any time, with or without notice, for any reason at all.** My status as an "at will" employee can be changed only if I have a written employment agreement with the School that is signed by me and by the Administrator of the School. Thus, no employee handbook, benefit plan, verbal promise, or any other statement, document or practice can change my status as an "at will" employee. Further, I understand that, within the limits imposed by applicable law, the School retains the right to unilaterally change, reduce or eliminate employee benefits, compensation, policies and procedures.

IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION OR ANY OTHER PART OF THIS JOB APPLICATION FORM, PLEASE DIRECT THOSE QUESTIONS TO THE INTERVIEWER OR A SCHOOL REPRESENTATIVE BEFORE SIGNING!

Waldorf Knoll Academy has seen something in you, are you ready to be a part of our team? YES_____ NO_____

Signature of applicant_____ Date: _____

This School is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to ethnicity, race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this School depends solely on your qualifications.

Thank you for completing this application form and for your interest in Waldorf Knoll Academy!

