

APPLICATION FOR AT-WILL EMPLOYMENT

(PLEASE PRINT)

| Position Applied for: | Da | Date of Application: | | | |
|--|-------------------------------|----------------------|--------------------------|--|--|
| How Did You Learn About The Episcopal Day School of Christ Church? □ Advertisement □ Friend □ Walk-In □ Employment Agency □ Relative □ Other | | | | | |
| Last Name | First Name | | Middle Name | | |
| Address | City | State | Zip Code | | |
| Telephone Number | ephone Number Social Security | | curity Number | | |
| If you are under 18 years of age, c ☐ Yes ☐ No | an you provide requi | red proof of y | our eligibility to work? | | |
| Have you ever been employed with us before? □ Yes □ No If Yes, give date Are you currently employed? □ Yes □ No | | | | | |
| | | | | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or | | | | | |
| Immigration Status? Proof of citizenship or immigration status will be required upon | | | | | |
| employment. □ Yes □ No | | | | | |
| On what date would you be available to work? | | | | | |
| Are you available to work: □ Full Time □ Part Time □ Temporary | | | | | |
| Can you travel if a job requires it? □ Yes □ No | | | | | |
| Have you been convicted of a crim (Conviction will not necessarily If Yes, please explain: | disqualify an applic | | ployment.) | | |
| | | | | | |

This application will remain active for 180 days.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

| | Name & Address of School | Course of Study | Years Complet | ted Diploma Degree |
|---|---|--------------------------------------|-----------------------------|-------------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate | | | | |
| Professional | | | | |
| Other (Specify) | | | | |
| | language other than En | | | |
| | | | | |
| | | | | |
| Employment Expo | <mark>erience:</mark> sent or last job. You ma | av exclude organiz: | ations that indicate | |
| gender, national or | igin, disabilities, or oth | er protected status. | You may provide a | a resume if you prefer. |
| gender, national or | | | | |
| gender, national or En Name: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or En Name: Address: Phone: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: | igin, disabilities, or oth | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Name: Address: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Address: Phone: Name: Name: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Address: Phone: Address: Address: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Address: Phone: Address: Phone: Phone: Phone: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Phone: Name: Address: Phone: Name: Address: Address: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Address: Phone: Phone: Name: Address: Phone: Address: | igin, disabilities, or oth mployer | er protected status. Dates | You may provide a | a resume if you prefer. |
| gender, national or Er Name: Address: Phone: Name: Address: Phone: Name: Address: Phone: If you need additio | nal space, please contin | Dates Employed nue on a spate sheet | You may provide a Job Title | a resume if you prefer. |

| Other Qualifications: Please note job-related skills and qualifications acquired from employment or other experience, includin | | | | | | |
|--|---|--|--|--|--|--|
| technology and software proficience | | | | | | |
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| | | | | | | |
| References: | D1 | | | | | |
| 1. Name: | Phone#: | | | | | |
| | | | | | | |
| 2. Name: | Phone#: | | | | | |
| Address. | | | | | | |
| 3. Name: | Phone#: | | | | | |
| Address: | | | | | | |
| Comments: | | | | | | |
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| | | | | | | |
| Applicant's Statement: I certify that answers given herein a | are true and complete to the best of my knowledge. | | | | | |
| I authorize investigation of all state necessary in arriving at an employ | ements contained in this application for employment as may be ment decision. | | | | | |
| This application for employment sl | hall be considered active for a period of time not to exceed 45 days. | | | | | |
| Any applicant wishing to be consider whether or not applications are being | dered for employment beyond this time period should inquire as to ng accepted at that time. | | | | | |
| I HERERY UNDERSTAND ANI | D ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT | | | | | |
| RELATIONSHIP WITH THIS O | ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, | | | | | |
| | MPLOYEE MAY RESIGN AT ANY TIME AND THE GE EMPLOYEE AT ANY TIME AND FOR ANY OR NO | | | | | |
| | DERSTOOD THAT THIS "AT WILL" EMPLOYMENT | | | | | |
| RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY | | | | | | |
| | ANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING TIVE OF THIS ORGANIZATION. | | | | | |
| | erstand that false or misleading information given in my application or | | | | | |
| | ge. I understand, also, that I am required to abide by all rules and | | | | | |
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| | | | | | | |
| <u> </u> | | | | | | |
| Signature of Applicant | Date | | | | | |

For Personnel Department Use Only:

| Arrange Interview Yes | No | |
|-----------------------|----|---------------------|
| INTERVIEWER | | DATE |
| Employed □Yes □No | | |
| Date of Employment | | Hourly Rate/ Salary |
| Job Title | | Department |
| | | |
| Ву | | |
| NAME AND TITLE | | DATE |