



Application for Employment

Date of Application _____

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by the law. American Day School is an Equal Opportunity Employer.

POSITION APPLIED FOR Full Time () Part Time ()

Expected Salary per hour/Expected Salary per year _____

PERSONAL DATA

Name (last, first, middle) _____

Social Security Number _____

Address _____

City State Zip Code _____

Telephone Numbers: _____

Are you at least 18 years of age? Yes () No ()

Date you are available to start work? _____

If requesting part time, list days and hours available _____

Have you worked for us before? In what position? _____

When? _____

EDUCATION

1. Circle highest grade completed in High School 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of high school Year graduated _____

2. If you did not complete high school, do you have a high school equivalency diploma? Yes () No ()

Date Received _____

3. Circle number of years of education past high school 1 2 3 4 5

Name and location of School/College/University Dates attended _____

Hours Degree received Specialty Minor _____

4. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date. _____

First Aid Certification Yes () No () Expiration Date _____

CPR Certification Yes () No () Expiration Date _____

Application for Employment (Cont.)

EXPERIENCE

Starting with your most recent job, describe all paid and military positions. Use additional pages if necessary.

1. Job Title _____ Salary _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Dates of employment From _____ To _____ Full time () Part time () Hours per week _____
Job Duties _____

May we contact employer for a reference? Yes No

2. Job Title _____ Salary _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Dates of employment From _____ To _____ Full time () Part time () Hours per week _____
Job Duties _____

May we contact employer for a reference? Yes No

3. Job Title _____ Salary _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Dates of employment From _____ To _____ Full time () Part time () Hours per week _____
Job Duties _____

May we contact employer for a reference? Yes No

If yes, please specify:

4. List person to be contacted in case of emergency: (REQUIRED)

Name _____
Address _____
Phone _____

SWORN DISCLOSURE STATEMENT

1. Have you ever been convicted of or are you the subject of pending charges for any of the following offenses: Murder; malicious wounding by mob; abduction; abduction for immoral purposes; assault and bodily wounding; robbery; car jacking; extortion by threat; any felony stalking violation; sexual assault; arson; burglary; any felony violation relating to possession or distribution of drugs; drive by shooting; use of a machine gun in a crime of violence; aggressive use of a machine gun; use of sawed-off shotgun in a crime of violence; pandering ; crimes against nature involving children; incest; taking indecent liberties with children; abuse and neglect of children, including failing to secure medical attention for an injured child; obscenity offenses; possession of child pornography; electronic facilitation of pornography; abuse and neglect of incapacitated adults; employing or permitting a minor to assist in an act constituting an obscenity or related offense; delivery of drugs to prisoners; escape from jail; felonies by prisoners, within the Commonwealth or any equivalent offense outside the Commonwealth?

_____ Yes (Convicted) _____ Yes (Pending) _____ No

If yes, specify crime(s):

2. Have you been convicted of or are you the subject of pending charges for any other felony in the five years prior to the application date for licensure, registration, employment, or approval?

_____ Yes (Convicted) _____ Yes (Pending) _____ No

If yes, specify crime(s):

3. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

_____ Yes _____ No (In Virginia) _____ Yes _____ No (Outside Virginia)

I hearby affirm that the above information is true and complete to the best of my knowledge. I understand that it may be subject to verification. Should I be employed by American Day School, any misrepresentation or false statement made on this application may be considered cause for possible dismissal. American Day School has my permission to obtain all necessary information from the references I have listed concerning my prior employment. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. If hired, I understand this application is considered a contract. In the Commonwealth of Virginia, I am considered an at will employee and may be terminated by American Day School at any time.

Applicant's Signature _____ Date: _____

(This application is valid for 60 days)

FOR OFFICE USE ONLY

Accepted for employment: _____ Yes _____ No Position _____

Starting rate: \$ _____ per hour Starting Date: _____ Termination Date: _____

Interviewed by: _____ Date: _____

Approved for hire by: _____ Date: _____