

EMPLOYMENT APPLICATION

The Mead School Provides equal employment opportunity without regard to an applicant's race, color, gender, sexual orientation, national origin, age, physical or mental disability, medical condition, genetic information, religion, marital status, veteran status, or any other characteristic protected by state or federal law. The Mead School is an Equal Employment Opportunity employer.

PERSONAL INFORMATION		
Name		Date of Birth
Address		Apt/Suite#
City	State	_ Zip
Home Telephone	Work	_Cell
Email		
Are you related to anyone working at The Mead School? Yes - Name No		
EMPLOYMENT DESIRED		
Position Applied For		Date Available
Willing to Travel Yes%	☐ No	
Desired Work Hours		Desired Pay
Have you previously been employed by the school? Yes - from to No How did you learn of our organization?		
Tion and you learn of our organization		
Were you referred by a current emplo		
☐ Yes - Name☐ No		_ Department



BACKGROUND	DATA				
Can you, after employment, submit verification of your legal right to work in the United States?					
Are you 18 years of age or older?				Yes	No
If you are under 18, can you, if offered employment, provide a work permit?				Yes	No
Have you ever been convicted of a felony or misdemeanor? A conviction will not necessarily disqualify you from employment. Yes No If yes briefly describe the nature of the crime(s), the date(s) of conviction, and the place(s) of conviction					
Are you currently released on a criminal bail, bond, or your own recognizance while awaiting trial? Yes No If yes briefly describe:					
EDUCATION					
High School	Name of School	Year Graduated	Major		
	City/State		Degree/Diploma Ear	ned	
College/University	Name of School	Year Graduated	Major		
	City/State		Degree/Diploma Ear	ned	
Graduate School	Name of School	Year Graduated	Major		
	City/State		Degree/Diploma Ear	ned	
Technical School	Name of School	Year Graduated	Major		
	City/State		Degree/Diploma Ear	ned	
Other	Name of School	Year Graduated	Major		
	City/State		Degree/Diploma Ear	ned	
List any certificates or licenses you hold that may help qualify you for employment:					
License or Certification Number: Expira			Expiration Date		
List any job-related professional or technical organizations to which you belong:					

(You may exclude those which indicate race, gender, national origin, or any other protected classification of its members.)



SOFTWARE AND FOREIGN LANGUAGE SKILLS

	Software and Operating Systems (Check all that apply and circle skill level)				
			er Intermediate Expe	ert	
	PowerPoint - Beginner Intermedia	te Expert	Access - Begin	ner Intermediate Exp	oert
	Graphics - Beginner Intermediate	•	_	er Intermediate Expe	
	Macintosh (OS) Beginner	•		inner Intermediate E	
		memediate i Expert	Willdows - Beg	illilei lilleillilediate L	гурет
1	Foreign Languages Read	Write		Speak	
	EMPLOYMENT HISTORY				
	Please list all employers within the past 10 years	s			
	Company Name —	Title & Responsibilit	ies ———	Start Date ———	End Date ———
	Address —				
	Telephone —	Supervisor —		Reason for Leaving –	
l					
	Company Name —	Title & Responsibilit	ies ———	Start Date ———	End Date ———
	Address				
	Telephone	Supervisor —		Reason for Leaving –	
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1	Company Name	Title & Responsibilit	ies	Start Date	End Date
	Address				
	. 100. 000				
	Talanhana	Company in a		Danam facility is	
	Telephone —	Supervisor ———		Reason for Leaving –	
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PF	PROFESSIONAL REFERENCES				
Ple	Please provide three individuals who can discuss your current or past work performance				
Na	me	Organization & Position	Relationship	Years Known	
Ph	one				
Em	ail				
Na	me	Organization & Position	Relationship	Years Known	
Ph	one				
Em	ail				
Na	me	Organization & Position	Relationship	Years Known	
Ph	one				
Em	ail				
•					
Д	CKNOWLEDGMENT				
l ur	nderstand and acknowledge the f	ollowing:			
1.	If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States.				
2.	I hereby certify that all of the information set fourth in this application (and any attached resume) is true, complete, and correct to the best of my knowledge. I further certify that I, the undersigned, applicant, have personally completed this application. I agree that any omission, misrepresentation, falsification, or misstatement of information on this application or related document may result in the rejection of this application or my immediate discharge if I am employed.				
3.	I authorize any of the persons or organizations referenced in this application to provide The Mead School with any and all information that they may possess concerning my previous employment, education, or experience. I authorize The Mead School to request and receive such information. I also understand, as a condition of employment, that I agree a background check must occur. I also agree, once employed, to supply the school with a Statement of Health from my healthcare provider.				
4.	I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will entered into entered into voluntarily at the mutual consent of my employer and myself.				
5.	5. I have read and understand everything on this application.				

Signature

Date