



The Mead School

Infants | Toddlers | Preschool | Pre-Kindergarten - Grade 8

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 _____ Relationship _____

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?

Were you referred by a current employee?

Yes - Name _____ Department _____

No



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BACKGROUND DATA

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

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 Earned
College/University	Name of School	Year Graduated	Major
	City/State		Degree/Diploma Earned
Graduate School	Name of School	Year Graduated	Major
	City/State		Degree/Diploma Earned
Technical School	Name of School	Year Graduated	Major
	City/State		Degree/Diploma Earned
Other	Name of School	Year Graduated	Major
	City/State		Degree/Diploma Earned

List any certificates or licenses you hold that may help qualify you for employment:

License or Certification Number:

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.)



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SOFTWARE AND FOREIGN LANGUAGE SKILLS

Software and Operating Systems
(Check all that apply and circle skill level)

- | | |
|--|---|
| <input type="checkbox"/> Word - Beginner Intermediate Expert | <input type="checkbox"/> Excel - Beginner Intermediate Expert |
| <input type="checkbox"/> PowerPoint - Beginner Intermediate Expert | <input type="checkbox"/> Access - Beginner Intermediate Expert |
| <input type="checkbox"/> Graphics - Beginner Intermediate Expert | <input type="checkbox"/> Other - Beginner Intermediate Expert |
| <input type="checkbox"/> Macintosh (OS _____) Beginner Intermediate Expert | <input type="checkbox"/> Windows - Beginner Intermediate Expert |

Foreign Languages

Read

Write

Speak

EMPLOYMENT HISTORY

Please list all employers within the past 10 years

Company Name _____	Title & Responsibilities _____	Start Date _____ End Date _____
Address _____		Start Salary _____ End Salary _____
Telephone _____	Supervisor _____	Reason for Leaving _____

Company Name _____	Title & Responsibilities _____	Start Date _____ End Date _____
Address _____		Start Salary _____ End Salary _____
Telephone _____	Supervisor _____	Reason for Leaving _____

Company Name _____	Title & Responsibilities _____	Start Date _____ End Date _____
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PROFESSIONAL REFERENCES

Please provide three individuals who can discuss your current or past work performance

Name	Organization & Position	Relationship	Years Known
Phone			
Email			

Name	Organization & Position	Relationship	Years Known
Phone			
Email			

Name	Organization & Position	Relationship	Years Known
Phone			
Email			

ACKNOWLEDGMENT

I understand and acknowledge the following:

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. I have read and understand everything on this application.

Date

Signature