

APPLICATION FOR EMPLOYMENT

Date

PERSONAL INFORMATION

NAME					
PRESENT ADDRES	Last S	Last First		Middle	
		City	State	Zip	
PHONE NUMBERS					
EMAIL					
EMPLOYMENT [DESIRED				
Position applying for	or				
How did you hear a	about this position?				
Have you ever appl	lied to AWS before?YesNo	If yes, when?_			
	HISTORY: Please list your last four jobs cessary. If you need help completing this a				
DATE MONTH & YEAR	EMPLOYER NAME, ADDRESS & PHONE NUMBER	POSITION	SUPERVISOR & TITLE	REASON FOR LEAVING	
FROM					
TO					
FROM					
ТО					
FROM					
ТО					
FROM					
ТО					
Describe nature of w	ork performed above:				
	convicted of a Felony?Yes If yes, please explain on an attached s				
If hired, can you pro	vide proof that you are eligible to wor	k in the United St	ates?Yes!	No	
Do you have any speapplied? If yes, plea	ecial skills, experience, or training that use explain:	would enhance y	our ability to perform	the position for which you	

EDUCATION

EDUCATION	SCHOOL NAME AND LOCATION	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
COLLEGE				
COLLEGE				
POST GRADUATE				
OTHER				

REFERENCES: List below three persons not related to you, who have known you for at least one year and are familiar with your work.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IMPORTANT: Thank you for your interest in employment with Aurora Waldorf School (AWS). AWS is an equal opportunity employer. We comply with all federal, state, and/or local laws that prohibit discrimination on the basis of race, sex, religion, color, age, national origin, disability, medical condition, marital status, veteran status or other such categories. Information used in this application will not be used to discriminate against any individual in any manner. If an offer of employment is made, you will be required to provide proof of your right to work in the United States before you begin to work, and to meet other fingerprinting, legal and licensing requirements. Employment is contingent upon the successful completion of these requirements. If you become an employee of the Waldorf School, it is understood and agreed that your employment is on an "at-will" basis and may be terminated with or without cause, with or without notice, at any time, at the option of AWS or yourself. Your at-will status may only be changed by an agreement signed by you and the President of the Board of Trustees.

Acknowledgment: I hereby certify that the information contained on or submitted with this application is true and accurate. I authorize AWS to contact my schools or former employers, except those I have indicated, for a complete account of their experiences with me and I do unconditionally release all parties from liability for any damage that may result from furnishing this information to you. I understand that if employed, any misrepresentation or material omission of facts on this application form or other employment documentation is sufficient cause for my termination.

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SIGNATURE:			DATE:

I have read, acknowledge, understood and agreed to the above statements.