Austin Waldorf School APPLICATION FOR EMPLOYMENT

Texas

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the School is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the School or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the School. I also authorize the School to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I also understand and authorize the School to conduct any legal background check on me, including assessing any information I have posted in the public domain on the Internet, and to use such information during the application process and/or during my employment, if any, with the School. I release the School and its designees from any and all liability and damages which may result or arise from the provision of any information received during the background check.

I understand that the School reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the School or its designee. I release the School and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other School documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the School has a similar right. I understand that no manager, representative, or agent of the School has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the School's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE SCHOOL MAY OBTAIN A CRIMINAL BACKGROUND REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE SCHOOL. I AUTHORIZE THE SCHOOL TO OBTAIN THIS REPORT.

I understand that if I wish to explore enrollment opportunities for my child(ren), I must meet with the Enrollment Director. Hiring does not guarantee admission of my child(ren).

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL	YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.
Date	Applicant's Signature

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Each inquiry on this application must be $\underline{\text{fully answered}}$ or $\underline{\text{completed}}$. Otherwise, you will not be considered for employment. **PERSONAL DATA**

Last Name Fin	st Name	Middle Name	
Present Address Street and Number City, State, Zip	How long have you lived there: Years	Months	
Previous Address Street and Number City, State, Zip	How long have you lived there: Years	Months	
Telephone Number(s) Email Address	Social Security Number	Are you 18 years of age or older: ☐ Yes ☐ No	
Position Desired: When are you available for work?	Placement Desired: Full-Time [☐ Part-Time ☐ Temporary	

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME," Fill out this form **completely**.

Employer 1		Dates E						
		From (M/Yr)	To (M/Yr)	full time	Please circle if the job was: part time	hourly		
Telephone Number(s)								
Address								
Job Title	Supervisor							
Reason for Leaving	Name & Title							
Employer 2		Dates E	malovod		Work Performed			
Employer 2		From (M/Yr)	To (M/Yr)	full time	Please circle if the job was: part time	hourly		
Telephone Number(s)								
Address								
Job Title	Supervisor Name & Title							
Reason for Leaving								
Employer 3		Dates E	Dates Employed		Work Performed			
		From (M/Yr)	To (M/Yr)	full time	Please circle if the job was: part time	hourly		
Telephone Number(s)								
Address								
Job Title	Supervisor Name & Title							

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Reason for Leaving						
Employer 4		Dates Employed		Work Performed		
Employer		From (M/Yr)	To (M/Yr)	full time	Please circle if the job was: part time	hourly
Telephone Number(s)						
Address						
Job Title	Supervisor Name & Title	_				
Reason for Leaving						
BACKGROUND INFORM	ATION			<u> </u>		
Please explain fully any gaps unemployment.	s in your employment histor	ry. Be sure to acc	count for all per	iods of time	including military service and	any period o
List any other names which yo	ou may have used and which w	rill be necessary to v	erify prior to your	employment	:	
If hired, can you provide proo	f that you are legally entitled to	o work in the U.S.?	☐ Yes ☐ No			
If not, what steps must be take	en for you to begin employme	nt lawfully?				
Have you ever been terminate	d or asked to resign from any	job? □ Yes □ N	0			
If yes, please explain circumsta	ances:					
May we contact your current e	employer? □ Yes □ No					
If no, please explain:						
Have you ever worked for this	School before? Yes	No				
If yes, please give dates and po	osition:					
Do you have any friends or re-	latives working here? Yes	□ No				
If yes, Name(s) and Relationsh	nip:					
Have you ever plead guilty, or If Yes, please give the date(s) a		ted of any misdemea	anor or felony?] Yes □ No)	
Have you been arrested for an If Yes, please give the date(s) a		ut on bail on your o	wn recognizance p	ending trial?	☐ Yes ☐ No	

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

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If yes, explain:							
EDUCATION							
School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major		be Specialized Experience, Skills, and Extra-Curricular Activities		
Elementary	4 5 6 7 8						
High School	9 10 11 12						
College/University	1 2 3 4						
Graduate/Professional	1 2 3 4						
Trade or Correspondence							
List any professional designations	, certifications, licenses	, or courses that may be	e applicable to the position	for which you	are applying:		
OTHER INFORMATION Please describe any other experier	nce that you have which	ı would be relevant to t	he job for which you are a	pplying:			
DRIVING INFORMATION (Do you have a current valid drive					Expiration Date:		
If you do not have a driver's licen	se for the state in which	h you currently reside, v	why not?				
Has your license ever been susper	nded or revoked? 🛭 Y	es □ No If yes, expla	ain:				
Do you have personal automobile	e insurance? Yes	No If no, explain:					
Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? ☐ Yes ☐ No If yes, explain:							
Have you ever been convicted, pled guilty, or pled <u>nolo</u> to a charge of DWI or DUI? Yes No Are any such charges currently pending against you? If yes to either question, explain:							
Please list all moving traffic violations in the last five (5) years:							
OFFENSE	I	DATE	LOCATION	1	COMMENTS		

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BACKGROUND REFERENCE CHECK

Last Name:					
THST Name:			_		
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Birth Date:			,		
	month day	year			
Address:					
	WASSAC		T HAT WHEN I	WAYGOOD .	
					D70
Phone Number	· a				
	-				
Home:				192000	
			NI	/2	, 1614/8008/11
States you have	lived in the p	ast 5 years:			
		WALL			
1777		•			
Date Hired:					
D '''					
-	***************************************				· ***/*********************************
T					
I hereby authoriz	e the release to	Austin Wal	dorf School a	my informat	ion held by any
parties regarding	my criminal a	nd driving hi	story. I relea:	se any provi	ders of such
monianon mom	any naomin'i A	or providing	same. I unde	rstand the in	formation may be
reviewed initially	and periodica	ily by the At	istin wardori	School, I a	gree taisification er acknowledge tha
the Austin Walde	orf School is re	Joynnent of Iving on this	volunteer ser I party infor	vice. I fulfille notion and I	therefore release
the school and the	eir respective c	ifficers agen	ts and emplo	vees from a	ny and all liability
arising out of erro			is and omplo	yees mom a	ny and an naomity
_					
Signed				,	
Dated					