

Austin Waldorf School
APPLICATION FOR EMPLOYMENT
Out of State

(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

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Last Name		First 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____		Placement Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
When are you available for work? _____				

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

Reason for Leaving				
Employer 4		Dates Employed From (M/Yr) To (M/Yr)		Work Performed Please circle if the job was: full time part time hourly
Telephone Number(s)				
Address				
Job Title	Supervisor Name & Title			
Reason for Leaving				

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify prior to your employment: _____

If hired, can you provide proof that you are legally entitled to work in the U.S.? ☐ Yes ☐ No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain circumstances: _____

May we contact your current employer? ☐ Yes ☐ No

If no, please explain: _____

Have you ever worked for this School before? ☐ Yes ☐ No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? ☐ Yes ☐ No

If yes, Name(s) and Relationship: _____

Have you ever plead guilty, or no contest to, or been convicted of any misdemeanor or felony? ☐ Yes ☐ No

If Yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail on your own recognizance pending trial? ☐ Yes ☐ No

If Yes, please give the date(s) and details:

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.)

Do you have any commitments to any other employer which may affect your employment? ☐ Yes ☐ No

If yes, explain: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, 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 applicable to the position for which you are applying:

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? ☐ Yes ☐ No If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No If yes, explain: _____

Do you have personal automobile 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 nolo 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	DATE	LOCATION	COMMENTS

INVESTIGATIVE CONSUMER REPORT AND CONSUMER REPORT DISCLOSURE & CONSENT FORM

Company Name: Austin Waldorf School ("Requesting Entity")

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Austin Waldorf School, you may have, investigative consumer reports requested from Promesa Enterprises, Inc. dba Integrated Screening Partners (ISP). These reports may include the following types of information: names and dates of previous employers, work experience, academic history, professional credentials, drugs/alcohol use, criminal history information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, credit history, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to receive, upon your written request within a reasonable period of time a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: Integrated Screening Partners Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize and instruct ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the Requesting Entity including relevant medical information, for the purpose of making a determination as to my eligibility for initial or continued employment (or contract for services), promotion, reassignment, retention or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

I hereby fully release and discharge ISP, the Requesting Entity, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Today's Date _____ Signature _____ Social Security Number: _____ - _____ - _____

Print your full name _____ Date of Birth: _____

Street Address _____ City _____ State _____ Zip Code _____

Drivers License Number _____ State of Issuance _____ Expiration _____

☐ Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.

☐ Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP in person, by mail, or by telephone. ISP may be contacted by mail at ISP Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

☐ I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)
Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.