

EMPLOYMENT RECORD:

May we contact your present/past employer/s? Yes No

Are you currently employed? Yes No If not, when was your last day employed? _____

Employer From (month/year) To (month/year)

Address Telephone number

Job Title Supervisor's name/Telephone number

Describe your duties and responsibilities: _____

Starting Salary/Hourly Rate: _____ Ending Salary/Hourly Rate: _____

Reason for leaving: _____

Employer From (month/year) To (month/year)

Address Telephone number

Job title Supervisor's name/Telephone number

Describe your duties and responsibilities: _____

Starting Salary/Hourly Rate: _____ Ending Salary/Hourly Rate: _____

Reason for leaving: _____

Employer: From (month/year) To (month/year)

Address Telephone number

Job title Supervisor's name/Telephone number

Describe your duties and responsibilities: _____

Starting Salary/Hourly Rate: _____ Ending Salary/Hourly Rate: _____

Reason for leaving: _____

<u>Employer</u>	<u>From (month/year)</u>	<u>To (month/year)</u>
<u>Address</u>	<u>Telephone number</u>	
<u>Job title</u>	<u>Supervisor's name/Telephone number</u>	
<u>Describe your duties and responsibilities:</u>		

<u>Starting Salary/Hourly Rate:</u> _____ <u>Ending Salary/Hourly Rate:</u> _____		
<u>Reason for leaving:</u> _____		

Please state what you did in other periods of work not covered above. Include time served in the military, periods of unemployment, self-employment, part-time or temporary work.

From MM/DD/YY	To MM/DD/YY	Employer, Address and Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES: Please provide two business references and one personal reference.

<u>Name</u>	<u>Phone</u>	<u>How do you know them?</u>
_____	_____	_____
<u>Name</u>	<u>Phone</u>	<u>How do you know them?</u>
_____	_____	_____
<u>Name</u>	<u>Phone</u>	<u>How do you know them?</u>
_____	_____	_____

EDUCATION

Education	Name of School City and State	Major Subjects Or Types of Courses	Circle Last Year Completed	Did You Graduate?
High School			Years 9 10 11 12	
Business School			No. of Months	
College or University			Less Than 1 Year 1 2 3 4	Degree Received
Additional Schooling Trade Schools, etc.			Number of Years	Certificate Received

SPECIAL SKILLS

Software Applications, Licenses, Certificates, etc. _____

Positions of leadership held _____

Honors/Awards/Scholarships _____

Extracurricular Activities/Hobbies/Interests _____

Significant training programs or coursework (include course title, school name and completion) Example: Plastic Fusion _____

List machines you can operate (office or field) _____

Where trained? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize The Modden School to investigate all statements in this application, to investigate my background, my driving record if applicable to the position applied for and to contact all employers and references.

I authorize The Modden School to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. The Modden School has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

I understand that this application is not a contract, offer or promise of employment. By filling out this application I am genuinely interested in working for The Modden School and I understand that an offer of employment may be subject to receipt of satisfactory reports and the accuracy of all pre-employment information I have supplied. I acknowledge that my employment with The Modden School is on an at-will basis. I am free to terminate my employment with The Modden School at any time for any reason. Similarly, The Modden School is free to terminate our employment relationship at any time, with or without cause or advance notice. Acceptance of employment is not a contract of employment for any specified time.

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to The ModdenSchool for their use in evaluating my suitability for employment. Further, I release the examining facility and The Modden School from any and all liability, and from any damage that may result from the release of such information.

I understand that certain The Modden School work sites are smoke free workplaces and that smoking is not permitted at those workplaces.

If hired, I agree to abide by all the rules and policies of The Modden School .

I acknowledge reading and understanding the foregoing statements.

Signature

Date

AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00



Welcome to The Madden School!

Name _____

Phone Number: _____

Email: _____

Please select you availability: **Full-time** **Part-time** **Seasonal (Summer/College Breaks)**

Please indicate with a check mark any days and shifts you are available to work.

- *If hired we will use the information below to place you in an class that can use that schedule. If your schedule needs to change at any time it must be approved by your supervisor.*

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> 7:30am – 4:30 pm	<input type="checkbox"/> 7:30am – 4:30 pm	<input type="checkbox"/> 7:30am – 4:30 pm	<input type="checkbox"/> 7:30am – 4:30 pm	<input type="checkbox"/> 7:30am – 4:30 pm
<input type="checkbox"/> 8:30am – 5:30pm	<input type="checkbox"/> 8:30am – 5:30pm	<input type="checkbox"/> 8:30am – 5:30pm	<input type="checkbox"/> 8:30am – 5:30pm	<input type="checkbox"/> 8:30am – 5:30pm
<input type="checkbox"/> Split Shift (7:30 am – 9:30am & 3pm – 5:30pm)	<input type="checkbox"/> Split Shift (7:30 am – 9:30am & 3pm – 5:30pm)	<input type="checkbox"/> Split Shift (7:30 am – 9:30am & 3pm – 5:30pm)	<input type="checkbox"/> Split Shift (7:30 am – 9:30am & 3pm – 5:30pm)	<input type="checkbox"/> Split Shift (7:30 am – 9:30am & 3pm – 5:30pm)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please list below any circumstances that may hinder you from working a scheduled shift:

Employee Signature: _____ **Date:** _____