

ELMWOOD FRANKLIN SCHOOL

Employment Application



Last Name										First					M.I.		Date	
Street Address										Apartment/Unit #								
City					State					ZIP								
Home Phone					E-mail Address													
Cell Phone					Social Security No.					Desired Salary								
Position Applied for																		
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>						
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?											
Have you ever been convicted of a crime?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain											
EDUCATION																		
High School					Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
College					Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
Other					Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
REFERENCES																		
<i>Please list three professional references, not related to you, whom you have known at least 1 year.</i>																		
Full Name					Relationship													
Company					Phone													
Address																		
Full Name					Relationship													
Company					Phone													
Address																		
Full Name					Relationship													
Company					Phone													
Address																		
May we contact your present employer?					YES <input type="checkbox"/>		NO <input type="checkbox"/>											

**ELMWOOD FRANKLIN SCHOOL
APPLICATION FOR EMPLOYMENT**

APPLICANT'S STATEMENT

**Please read the following statements carefully as they constitute conditions
for employment with Elmwood Franklin School ("EFS")**

I hereby affirm that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information on this application, my resume, or during the interview process, regardless of when such misrepresentation or omission is discovered, may result in refusal of employment, or if employed, will constitute grounds for immediate termination.

The persons, schools, current and prior employees, and other organizations named in this application are authorized by me to verify the information I have provided and to provide EFS with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally and further waive and release EFS from any liability arising from reliance on the aforementioned information or the use, publication or retention of such information within the context of its applicant review procedures.

In the event I am employed, I understand that I am required to abide by all the rules and regulations of EFS and the policies and procedures relating to conditions of employment are subject to modification at any time.

I understand that EFS is in no way obligated to provide employment and that I am in no way obligated to accept employment with EFS. Nothing in this application or in other policies and procedures are intended to create a contract of employment, expressed or implied.

Elmwood Franklin School is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, gender, age, disability or veteran status. (Compliant with the new VEVRAA and Section 503 rules)

Signature of
Applicant

Date

**VOLUNTARY CONSENT TO RELEASE OF
CRIMINAL BACKGROUND INFORMATION**

Employee: _____
(Print Name)

Maiden Name or Alias: _____
(if applicable)

Social Security Number: _____

Date of Birth: _____

Email Address: _____

I hereby agree and consent to a complete investigation into my record of prior criminal convictions and any currently pending but not yet adjudicated arrests. I further authorize the release of any information regarding my record, including any written report, to Elmwood Franklin School. I affirm that the information I have supplied in this form is accurate and complete.

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release Elmwood Franklin School and its agents and employees from any liability arising from its obtaining or reliance upon the aforementioned information, or the use, publication, or retention of such information within the context of its applicant review procedures.

Signed: _____

Date: _____

- PLEASE COMPLETE REVERSE SIDE -

To assist in our investigation of your record, please provide a list of your prior residences for the last 10 years:

Residence Address:	Dates of Residence:
Street: _____ Apt. #: _____ City/Town/Village: _____ State: _____ Zip Code: _____	From: _____ To: _____
Street: _____ Apt. #: _____ City/Town/Village: _____ State: _____ Zip Code: _____	From: _____ To: _____
Street: _____ Apt. #: _____ City/Town/Village: _____ State: _____ Zip Code: _____	From: _____ To: _____
Street: _____ Apt. #: _____ City/Town/Village: _____ State: _____ Zip Code: _____	From: _____ To: _____
Street: _____ Apt. #: _____ City/Town/Village: _____ State: _____ Zip Code: _____	From: _____ To: _____

Disclosure Statement

The tremendous responsibility this school has to its students and community necessitates the following information from all applicants regarding convictions.* A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for dismissal if employed. Applicants must report any convictions that occur subsequent to the time they initially complete this form. Provide all information requested within three work days to the administrator's office.

Name: _____
Last First Middle

Other names used: _____ Dates used: _____

Social Security number: _____ Date of birth: _____

Have you ever been convicted* of any violations of law other than minor traffic violations?
 Yes No

If yes, please fill in the information below and attach a letter of explanation. If you have more than two convictions or pending charges, list them on a separate sheet.

CONVICTION INFORMATION			
Conviction charge	Date of conviction	Court of conviction	
City	State	Amount of fine	Length of jail term
Length and terms of probation			
Remarks:			
Conviction charge	Date of conviction	Court of conviction	
City	State	Amount of fine	Length of jail term
Length and terms of probation			
Remarks:			

***CONVICTION** means the final judgment of a verdict or a finding of guilty, a plea of guilty, or a plea of no contest, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of this school.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the school shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this application. In consideration of the school's review of this application, I hereby release the school, as well as all providers of information, from any liability and for any damage that may result from the furnishing and receiving of this information.

Signature: _____ Date: _____