

Employment Application		
Name:		Position you are applying for:
Address:		
City, State, Zip:		SS#
Email:		Phone:
	understand wh	any gaps in employment. Use additional sheets if necessary. at you actually did in each job. You must complete this application, please ask an Administrative staff member.
Title:	Job Duties	
Employer:	=	
Address:		
From:		
To:	1	
Supervisor Name/Title:	Supervisor Ph	one/Email:
Reason for Leaving:		
Title:	Job Duties	
Employer:		
Address:		
From:	1	
To:		
Supervisor Name/Title:	Supervisor Ph	one/Email:
Reason for Leaving:		
Title:	Job Duties	
Employer:		
Address:		
From:		
To:	=	
Supervisor Name/Title:	Supervisor Ph	one/Email:
Reason for Leaving:		
Title:	Job Duties	
Employer:	1	
Address:	1	
From:	1	
To:	1	
Supervisor Name/Title:	Supervisor Ph	one/Email:

Reason for Leaving:		
Title:	Job Duties	
Employer:		
Address:		
From:		
To:		
Supervisor Name/Title:	Supervisor Phone/Email:	
Reason for Leaving:		
		D: : IC

Education	School Name	Graduated	Principal Course of Study
High School		Yes No	
College		Yes No	
College		Yes No	
College		Yes No	
Post Graduate		Yes No	
Other		Yes No	
Waldorf Training/Certification		Yes No	

expunged or sealed. If yes, please explain on an attached sheet. A yes answer is not an automatic bar to employment.)

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Use this space to provide us with any other job related information that we should know about you to help us consider your qualifications for this position? (Please exclude personal information).

References: List below thre	ee persons not related to you, who have k	known you for at least one year and are familiar with your wor	rk.
Name/ Position	Address	Phone/Email	Years Acquainted
1.			
2.			
3.			
race, sex, religion, col categories. Information offer of employment is to work, and to meet of completion of these remployment is on an "a option of the Waldorf's School Director. Acknowledgment: I laccurate. I authorize account of their experimal result from furnifunderstand that if employments account of their experimance of their experiments of their experimance of their experiments of their experiments.	lor, age, national origin, disability used in this application will not made, you will be required to proof ther fingerprinting, legal and lice equirements. If you become a at-will" basis and may be terminated School or yourself. Your at-will hereby certify that the informated MSCS to contact my schools or riences with me and I do uncoshing this information to you. I	al, state, and/or local laws that prohibit discriminal lity, medical condition, marital status, veteran states to be used to discriminate against any individual in ovide proof of your right to work in the United States ensing requirements. Employment is contingent an employee of the MSCS, it is understood an atted with or without cause, with or without noticed status may only be changed by an agreement signation contained on or submitted with this application contained on or submitted with this application of the status may only be changed by an agreement signation contained on or submitted with this application contained on or submitted with this application authorize MSCS to perform a criminal bath or material omission of facts on this applicate termination.	status or other such any manner. If an tes before you begin upon the successful ad agreed that your e, at any time, at the gned by you and the lication is true and ted, for a complete r any damage that ackground check. I
I have read, acknow	vledge, understood and agro	reed to the above statements.	
ŕ	wledge, understood and agre		