



Employment Application

Maple Village Waldorf School is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applications without regard to race, color, religious creed, ancestry, age, sex, marital status, national origin, disability or handicap, protected genetic information, veteran status, sexual orientation or any other factor protected by law.

Contact Information

Date First Name Last Name Middle

Present Address

Street Address City State Zip

Permanent Address (if different from present address)

Street Address City State Zip

Cell Phone Home Phone Email Address

Employment Desired

Position applying for:

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

What days and hours are you available for work?

Monday:	Start Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM	End Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM
Tuesday:	Start Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM	End Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM
Wednesday:	Start Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM	End Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM
Thursday:	Start Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM	End Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM
Friday:	Start Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM	End Time	<input type="text"/>	<input type="radio"/> AM	<input type="radio"/> PM

Temporary work, e.g., summer or holiday work? Yes No

If applying for temporary work, during what period of time will you be available?

Start Date End Date

If hired, on what date can you start work?

Start Date

Personal Information

Have you ever applied to or worked for MVWS before?

Yes No If yes, when?

Do you have any friends or relatives working for MVWS?

Yes No Name Relationship
Name Relationship

Why are you applying for work at MVWS?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Do you possess a valid California driver's license? Yes No

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain:

Date of last TB test:

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

High School Name

Address

City

State

Zip

Years Completed

Did you Graduate

Yes

No

Degree/Diploma

College/University Name

Address

City

State

Zip

Years Completed

Did you Graduate

Yes

No

Degree/Diploma

College/University Name

Address

City

State

Zip

Years Completed

Did you Graduate

Yes

No

Degree/Diploma

College/University Name

Address

City

State

Zip

Years Completed

Did you Graduate

Yes

No

Degree/Diploma

Do you speak, write or understand any foreign languages?

Yes

No

If yes, which language(s)?

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at MVWS?

Yes

No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Have you completed the Waldorf teacher training?

Yes

No

Have you completed the Waldorf administrative training?

Yes

No

If yes, where did you receive the training?

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. You may include any verifiable volunteer work, but need not include organizational names that would indicate possible membership in a protected class such as race, color, religion, sex or national origin.

Name of Employer

City

State

Phone Number

Start Date

End Date

Type of Business

Your Supervisor's Name

May we contact this employer for a reference?

Yes

No

Name of Employer

City

State

Phone Number

Start Date

End Date

Type of Business

Your Supervisor's Name

May we contact this employer for a reference?

Yes

No

Name of Employer

City

State

Phone Number

Start Date

End Date

Type of Business

Your Supervisor's Name

May we contact this employer for a reference?

Yes

No

Name of Employer

City

State

Phone Number

Start Date

End Date

Type of Business

Your Supervisor's Name

May we contact this employer for a reference?

Yes

No

Name of Employer

City

State

Phone Number

Start Date

End Date

Type of Business

Your Supervisor's Name

May we contact this employer for a reference?

Yes

No

Military Service

References

List three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Email	Job Title	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Email	Job Title	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Last Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Email	Job Title	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize MVWS to thoroughly investigate my references, work record and education and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the MVWS designated representative.

I further understand that, in compliance with federal law, all persons hired are required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documents upon hire.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by MVWS I am entitled to copies of any such public records obtained by MVWS unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date	Applicant's Signature
<input type="text"/>	<input type="text"/>

Date	MVWS Authorized Representative's Signature
<input type="text"/>	<input type="text"/>