



EMPLOYMENT APPLICATION

POSITION:

SALARY REQUIREMENT:

DATE OF APPLICATION:

DATE AVAILABLE:

The information requested in this application is intended to obtain the information The Good Hope School needs to determine whether you meet the requirement for the position for which you are applying. The Good Hope School is an equal opportunity employer. The School's goal is nondiscrimination against qualified applicants or employees with respect to any terms or conditions of employment or personnel action based on race, color, national origin, ancestry, sex, sexual orientation, age, religion, creed, mental or physical disability, medical condition, marital status, citizenship status, military service status, or any other factor rendered unlawful by federal, state, or VI law.

Have you ever applied for a position with The Good Hope School?

Yes No If yes, please answer the following:

Position: _____

Date of Application ____/____/____

Have you ever worked for The Good Hope School before?

Yes No If yes, please answer the following:

Position: _____

Date of Employment: ____/____/____ to ____/____/____

PERSONAL INFORMATION

Name:

ADDRESS:

Street

City

State

Zip

Telephone Number

Social Security Number

If you are hired, can you provide proof that you are legally entitled to work in the United States?

Yes

No

EDUCATION

Name of School (High School, College, Other)

Course of Study (Major & Degrees)

MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces?

Yes

No

If yes, please give dates of services:

From: ____/____/____ To: ____/____/____

List special skills/abilities acquired:

EMPLOYMENT HISTORY

Please list your last three employers (most recent first)

1.

Employer's Name

Employer's Address

Title	Supervisor	Date Started	Date left
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Reason for leaving	Salary
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2.

Employer's Name

Employer's Address

Title	Supervisor	Date Started	Date left
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Reason for leaving	Salary
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3.

Employer's Name

Employer's Address

Title	Supervisor	Date Started	Date left
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Reason for leaving	Salary
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REFERENCES

List (with address & phone number) the names of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives

Name

Phone #

Address

Name

Phone #

Address

Name

Phone #

Address

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE GOOD HOPE SCHOOL DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH THE GOOD HOPE SCHOOL POLICY.

I HEREBY GRANT PERMISSION TO THE GOOD HOPE SCHOOL TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE GOOD HOPE SCHOOL AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE GOOD HOPE SCHOOL FROM ANY AND ALL LIABILTIY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date