



PERSONAL

Last Name		First	Middle	Date
Address		City	State	Zip
Home Phone				Are you older than 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Address (If at above less than two years)				Social Security Number:
Position Desired				Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what hours can you work?		Rate of Pay Expected?
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Available for Work?
How did you learn of Colonial Day School?				Please list any special training or skills that you feel make qualified for employment with Colonial Day School:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:				
Have you been convicted of child abuse or neglect or has any child been determined to be abused or neglected by reason of your conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:				

EDUCATION

School	Name & Location	Major	# Years Completed?	Did You Graduate?	Degree?
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT/PREVIOUS EMPLOYMENT

Date	Previous Employment & Address of Employer)	(Name	Salary	Position	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES

(Please list three persons, not related to you, whom you have known for more than one year.)

Name	Phone Number	Relationship	Years Known

PHYSICAL & EMERGENCY

Do you have any speech, hearing, or vision defects? Yes No List any physical, mental, or medical conditions, including those arising from previous accident or injury, that might affect your work performance. Also list any prior Workman's Compensation Claims.

In an emergency, whom should we notify (please include address and phone number)?

I understand that Colonial Day School, Inc. may request that an investigative consumer report be prepared which may include information concerning education, credit record, general reputation and character, general health, personal characteristics, habits, and mode of living. I also understand that such information my employment, may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official reports.

I understand my right to request that Colonial Day School, Inc. completely and accurately disclose to me the nature and scope of any investigation requested. I further understand that such a request must be made in writing to Colonial Day School, Inc. within thirty (30) days of my completing this application.

I authorize investigation of all statements in this application, understanding that misrepresentation of any fact on this application or in any interview is cause for immediate termination. I understand that employment with Colonial Day School, Inc. is "at will," for no definite period of time, and may be terminated regardless of any pay date or timing of other benefits, if any.

I agree to a thorough examination of my employment history and personal characteristics except as they pertain to sex, race, origin, religion, age, or handicap. I hereby authorize all former employers and all other persons and organizations to release and disclose to Colonial Day School, Inc. all information that they have about my personal characteristics, employment, and job performance and hereby release all concerned from any and all liability in connection therewith.

For good and valuable consideration, I hereby covenant not to sue and hereby release Colonial Day School, Inc. of and from all liability and damages pertaining to or resulting from investigation of all matters stated and referred to in this application for employment, any subsequent interview, and all other matters arising by reason of or during the course of investigation of statements or references in said application and interview for employment with Colonial Day School, Inc.

I further hereby authorize the release of any and all information pertaining to my background, character, duties, performance, and abilities by Colonial Day School, Inc. to others requesting such information and do hereby release Colonial Day School, Inc. from all liability associated therewith.

Signature:

Date: