

FRANCIS PARKER SCHOOL EMPLOYMENT APPLICATION

Please print or type your answers to all questions completely and accurately.

Equal Opportunity Employer: It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. We are an equal opportunity employer. This means that all our employment decisions are made without unlawful considerations of race, race-related traits, color, sex (including pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity or expression, sexual orientation, marital status, religion, national origin, citizenship, ancestry, age, mental or physical disability, medical condition, genetic information or characteristics, military or veteran status, unpaid intern or volunteer status, or any other classification protected by applicable local, state, or federal laws, or on the basis of any perception that an applicant or employee has any of these characteristics or on the basis that an applicant or employee is associated with someone who has or is perceived to have these characteristics. All qualified applicants with criminal histories will be considered in a manner consistent with the law, including the requirements of the Fair Chance Act, if applicable.

	Name (I	Last)	(First)		(Middle)	Date:
	Present Address (Number	& Street) (City)	(State)	(Zip)	Primary Phone:
	Email Address					Cell Phone:
	Position desired	Department	Available	Гime	Date Available	Salary Expected
NO	Are you available for work on weekends? \Box Yes \Box No Evenings? \Box Yes \Box No What days and hours are you available for work?					
III	Can you, after employment is offered,		Are you at least 18 years of age?			
MA	provide verification of your legal right to work in the U.S.? \Box Yes \Box No		If not, are you eligible to obtain a valid work permit with approval from your school and guardian? \Box Yes \Box No			
GENERAL INFORMATION	Work in the U.S.? Yes No Have you previously applied, interviewed, volunteered, or worked at Francis Parker School? Yes No If yes, please specify for what position and identify the dates you applied, interviewed, volunteered or worked:				Francis Parker Sch	
	Do you have any friends or relatives employed at Francis Parker Sch If yes, please identify the name and department for each:			Parker School	? 🗆 Yes 🗆 No	
	Upon review of the job description for this position, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \Box Yes \Box No			-		

Z	Schools	Names and Locations of Institutions	Major/Minor, Type of Training	Did you graduate?	Type of diploma, degree, license, or certificate earned
TIO	High School				
EDUCATION	College				
	Graduate School				
	Vocational / Technical				
Courses, workshops, seminars, and other specialized or advanced training:					

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer first. If you need additional space, please continue on a separate sheet of paper.

	Company/Employer	Telephone
	Address	Employed (state month and year) From To
1	Name of Supervisor	Reason for leaving
1	Job Title and Responsibilities	May we contact this employer?
		Part-time Full-time Average hours/week

2	Company/Employer	Telephone	
	Address	Employed (state month and year) From To	
	Name of Supervisor	Reason for leaving	
	Job Title and Responsibilities	May we contact this employer?	
		Part-time Full-timeAverage hours/week	

	Company/Employer	Telephone
	Address	Employed (state month and year) From To
2	Name of Supervisor	Reason for leaving
3	Job Title and Responsibilities	May we contact this employer?
		Part-time Full-timeAverage hours/week

EMPLOYMENT - Continued

Company/Employer	Telephone
	()
Address	Employed (state month and year)
	From To
Name of Supervisor	Reason for leaving
-	
Job Title and Responsibilities	May we contact this employer? \Box Yes \Box No
	□ Part-time □ Full-timeAverage hours/week
	0

Company/Employer	Telephone
	()
Address	Employed (state month and year)
	From To
Name of Supervisor	Reason for leaving
Job Title and Responsibilities	May we contact this employer?
	Part-time Full-timeAverage hours/week

REFERENCES	List below people relatives, whom w	who know you well, other than ze may contact.
Name	Relationship	Local Phone #
1		
2		
3		

SKILLS		Check if you have had experience in the following areas:		
GENERAL:	Development	□ Public Relations	□ Marketing/Communications	
	□ Fundraising	□ Operations	e	
□ Teambuilding	<u>:</u> ng	raining 🛛 🗆 En	nployee Relations/Disciplinary Action nployee Evaluations	
CLERICAL: Computer Literate on: Windows Mac Word Excel Access PowerPoint Outlook/Gmail Data Entry Desktop Publishing Graphics Accounting Software Fundraising Software				
Use this space to describe the experiences you have checked above or any other job-related skills and qualifications you have acquired.				

AGREEMENT AND SIGNATURE

Please read carefully, initial each paragraph, and sign below:

I certify that the information contained in this application is correct to the best of my knowledge. 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 falsification of any information, including any material 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. ______ (initial).

In considering my application for employment, I want Francis Parker School (the "School") to verify the information set forth on this application and obtain any additional information relating to my background it may need to assess my suitability for employment. Accordingly, I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply the School with information relating to my background and I do hereby release all such parties who provide information to the School from any and all liability for damages that may result from furnishing the same. _____ (initial).

I understand that as a condition of employment with the School, I will be required to sign an authorization permitting the School to conduct an investigation, including a background check. I will be notified of such an investigative report if obtained, to the extent required by law. The School will use any such report(s) solely for employment-related purposes. I also understand that, upon written request, I may obtain additional information about this report under the requirements of the federal Fair Credit Reporting Act. ______ (initial).

Upon accepting employment, I will be provided with an Employee Handbook. I acknowledge my understanding that the benefits, policies, and programs stated in the Employee Handbook are provided at the School's discretion and may be changed or eliminated at any time, except the policy of at-will employment. If employed, it shall be my responsibility to familiarize myself and follow all policies and regulations relating to my employment. In accepting employment, I acknowledge that the policies and benefits and other programs as set forth in these documents are not meant to infer or imply a contract of employment for a specified period between the School and myself, or otherwise change the at-will nature of my employment. In consideration of my employment, I agree to conform to the School's rules and regulations. ______ (initial).

I understand that prior to employment, or from time to time during the course of my employment if I am hired, I may be required, to the extent permitted by law, to take a physical examination, including drug screen, or similar test or examination, as a condition of hiring or continued employment. _____ (initial).

I understand that the School requires as a condition of employment that I be vaccinated and boosted, if eligible, against COVID-19, as well as test negative for tuberculosis (TB), unless I have been granted a reasonable accommodation based on medical or disability reasons or based on sincerely-held religious beliefs, practices, or observances. ______ (initial).

I have read and understand the foregoing paragraphs and voluntarily agree to them.

Date_____

Signature _____