



HAWTHORNE COUNTRY DAY SCHOOL APPLICATION FOR EMPLOYMENT

It is the policy of the Hawthorne Country Day School to provide an equal employment opportunity to all people without regard to race, color, sex, religion, age, national origin, disability, marital status, sexual orientation or Vietnam Era Veteran Status.

INSTRUCTIONS: All questions are to be answered by the applicant. False statements are grounds for dismissal.

Hawthorne Foundation, Inc.
5 Bradhurst Avenue
Hawthorne, NY 10532
914-592-8526
fax: 914-592-5321

PERSONAL INFORMATION

Last Name	First Name	Initial	Position Desired:
Mailing Address			Desired Salary
City	State & Zip Code		Available Full Time Yes No
Available Start Date	Home Phone	Work Phone	e-mail

EMPLOYMENT HISTORY

May we contact your present employer? Yes No			
Present Employment			
From (Mo./Yr.)		Name of Employer	Title/Work performed
To (Mo./Yr.)		Employer Address	Reason for Leaving
Other Employment			
From (Mo./Yr.)		Name of Employer	Title/Work performed
To (Mo./Yr.)		Employer Address	Reason for Leaving
From (Mo./Yr.)		Name of Employer	Title/Work performed
To (Mo./Yr.)		Employer Address	Reason for Leaving
From (Mo./Yr.)		Name of Employer	Title/Work performed
To (Mo./Yr.)		Employer Address	Reason for Leaving



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EDUCATION				
Circle highest grade completed: High School Associates Degree Bachelors Masters Doctorate				
School	Name of School	City/State	Diploma/Degree Rec'd & Major	
High School				
College				
Grad. School				
Other				
Give details of education that you feel are relevant to this application. Include any relevant training you've had regarding the education and treatment of children with disabilities.				
Describe fully the duties and responsibilities of any positions you have held that are applicable to the position you are seeking. Include any experience as an employee or as a volunteer.				
PROFESSIONAL LICENSES				
Do you have professional license(s) or certificate(s)? Yes No				
If YES, please list below:				
Profession	Licensing Agency	License/Certification Number	Date issued	Date Expires
License(s) for which you are eligible		Provisional or temporary License(s)	Date issued	Date Expires
MISCELLANEOUS				
List any professional honors received, works published, or other professional accomplishments:				
MILITARY SERVICE				
Have you ever served in the Armed Forces of the United States? Yes No Branch:				
Dates of Service (from/to):		Reserve or National Guard Status:		
Have you ever been dishonorably discharged from the armed forces of the United States? Yes No				



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ADDITIONAL INFORMATION

1. AGE- Are you age 16 or over?	Yes	No
2. Are you an exempt Volunteer Firefighter?	Yes	No
3. Are you legally entitled to work in the United States of America? (documentation must be provided- PL 99-603)	Yes	No
4. Have you previously applied for employment here?	Yes	No
5. Have you ever been employed here?	Yes	No
6. Have you ever been convicted of a criminal offense?	Yes	No
<p>If YES, give date and nature of the charge and conviction below. Include misdemeanors and felonies; do NOT include parking violations. A conviction is not an automatic bar to employment.</p> <p>If you answered YES to questions 4, 5, or 6, please give details below:</p>		

PERSONAL REFERENCES (NOT RELATIVES)

Name	Address	Phone Number

Do you have relatives currently working here? Yes If so, please give name(s) _____ No

By my signature I agree to the following, if I am employed:

1. To treat students with disabilities ethically, with respect and dignity
2. To report improper treatment of students with disabilities
3. To read and comply with the policies and procedures of the Hawthorne Country Day School and Hawthorne Foundation.
4. To take necessary immunization against contagious diseases

I certify that the statements made in this application are true and correct to the best of my knowledge and authorize investigation of all information given.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

First Interview Date: _____ Second Interview Date: _____ Interviewed By: _____

References: _____ Dates Checked: _____ Checked By: _____

Physical Exam Date: _____ PPD Date: _____