

EMPLOYMENT APPLICATION

THE GALLOWAY SCHOOL IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, sex,
national origin, age, disability, military service, or any other legally protected status.

**NO APPLICATION WILL BE CONSIDERED UNLESS ALL INFORMATION REQUESTED
ON THIS FORM IS COMPLETED IN FULL, EVEN IF YOU ATTACH A RESUME.**

Print or Type clearly

LAST NAME	FIRST	MIDDLE	POSITION APPLYING FOR	DATE AVAILABLE
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ADDRESS	CITY	STATE	ZIP	SS #
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HOME PHONE	OTHER PHONE	ARE YOU AT LEAST 18?	{ } YES { } NO
		HAVE YOU EVER BEEN EMPLOYED HERE BEFORE	{ } YES { } NO
		HAVE YOU EVER APPLIED HERE BEFORE?	{ } YES { } NO
		MAY WE CONTACT YOUR PRESENT EMPLOYER?	{ } YES { } NO

EMPLOYMENT HISTORY

(1)EMPLOYER NAME (CURRENT/MOST RECENT)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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RESPONSIBILITIES

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? () YES () NO
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EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB

(2)EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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RESPONSIBILITIES

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? () YES () NO
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EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB

(3)EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
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PHONE #	JOB TITLE	SUPERVISOR
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DATES OF EMPLOYMENT	MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
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REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? () YES () NO
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB	

(4)EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
PHONE #	JOB TITLE	SUPERVISOR		
DATES OF EMPLOYMENT MONTH/YEAR	TO	MONTH/YEAR	START RATE \$	END RATE \$
RESPONSIBILITIES				

REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? () YES () NO
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB	

You must provide information for all places of employment in the last ten years. If you were unable to provide information for all such places of employment in the space provided above, you must attach an additional page(s) and provide information for all additional employers during the last ten years.

EDUCATION/SKILLS

NAME OF INSTITUTION:	LOCATION (CITY, STATE):	GRADUATED? IF YES, NAME OF DEGREE & MAJOR FIELD OF STUDY
LANGUAGES YOU ARE FLUENT IN THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING:		
COMPUTER SKILLS:		

HOW WERE YOU REFERRED TO US?

PLEASE INDICATE ANY DAYS, TIMES, OR SHIFTS YOU ARE UNABLE TO WORK

CRIMINAL HISTORY

IF HIRED, CAN YOU PROVE THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES? YES { } NO { }
(Proof of eligibility to work in the United States will be required before an individual can begin employment)
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES { } NO { }
IF YES, PROVIDE DATE OF CONVICTION, NAME OF OFFENSE, LOCATION OF OFFENSE, AND SENTENCE RECEIVED:
HAVE YOU EVER BEEN GIVEN DEFERRED ADJUDICATION FOR, OR PLEAD GUILTY OR NO CONTEST TO, ANY CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES{ } NO{ }
IF YES, PROVIDE DATE OF COMMENCEMENT OF DEFERRED ADJUDICATION OR DATE OF PLEA AND PROVIDE THE TYPE OF OFFENSE, LOCATION, AND SENTENCE RECEIVED

REFERENCES

PERSONAL REFERENCES (EXCLUDING RELATIVES)		
NAME	RELATION	TELEPHONE NUMBER

JOB APPLICANT AGREEMENT AND CERTIFICATION

As an applicant for employment with The Galloway School ("the School"), I agree to the following:

I attest that the information contained in this application and accompanying documents is true in all respects. I authorize the School to investigate thoroughly my work and personal history and verify all the information provided to the School. I authorize all individuals, schools, and employers names in this application (except my current employer if so noted) to provide any information requested about me and I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO THE SCHOOL. A copy or telefax copy of this authorization may be relied upon as if it were an original document.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the School and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this School unless made in writing.

I understand that to be employed, I must be authorized to work in the United States, and must provide documents to establish my ability to work in the United States.

I acknowledge that if I need reasonable accommodation in either the application process or employment I will bring my request to the attention of the Human Resources Manager. The School reserves the right to require medical documentation concerning the need for the accommodation.

I understand that this School has a policy against drug and alcohol abuse, which includes random testing, and reserves the right to revise policies or procedures (with the exception of arbitration policies), in whole or in part, at any time.

I understand that this application may be considered for a maximum of 60 calendar days. After that time, if I have not heard from the School and still wish to be considered for employment, it will be necessary for me to reapply by completing a new application.

I understand that a criminal background check and personal interview are required before I begin employment at the School.

I agree that I will provide the School with a statement of health from a certified physician. Included in this statement of health will be an acknowledgment from the certified physician stating I underwent a tuberculosis, or tubercle bacillus ("TB"), test and the results of that test.

BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT AND I UNDERSTAND THAT IF I PROVIDE FALSE OR MISLEADING INFORMATION, OR WILLFULLY OMIT INFORMATION IN THIS APPLICATION, ON MY RESUME, DURING MY INTERVIEW(S), OR DURING MY EMPLOYMENT, I MAY BE DENIED EMPLOYMENT OR, IF DISCOVERED AFTER HIRE, BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING IMMEDIATE TERMINATION OF EMPLOYMENT.

IN ADDITION, BY SIGNING BELOW, I ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE SCHOOL, MY EMPLOYMENT WILL BE AT-WILL, AND THAT I, OR THE SCHOOL, MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Signature _____

Date _____

