

## RICHMOND WALDORF SCHOOL Application for Employment

Richmond Waldorf School is an equal opportunity employer. All applications for employment will be considered without regard for race, color, gender, age, national origin or ancestry, citizenship, disability, marital status, sexual orientation, or veteran status. Conditions for employment are stated at the end of this form. Please read carefully before signing this application. (Application must be completed in full even if attaching resume.)

PERSONAL INFORMATION									
ast Name First Name Middle			iddle N	lame	me Social Security Number		r* D	Date of Application	
	_								
Present Address (Number & Street)	City			State	Z	Zip		Preferred Telephone Number	
Permanent Address (If different from above)	City			State	Z	ip	A	lternate Telephone Number	
E-mail Address									
*Your social security number is optional. Failure to submit the is	nformation will not	t prohibit emplo	yment con	nsideration.	Your	social security number may	be required	l on other forms prior to employment.	
POSITION DESIRED									
Position Title	[	□Regular	□F	full-time		Date Available	Salary	Requirements	
	[	□Temporar		Part-time				_	
Were you ever employed by Richmond Waldorf S		Waldorf Sch	nool		Have you previously applied for employment with				
□Yes □No When? Where?						Richmond Waldorf School or any Waldorf School?  □Yes □No When? Where?			
						210 210	W HeH.	Wifere.	
EMPLOYMENT HISTORY									
PRESENT OR LAST EMPLOYER					Title or Position				
Address	City		State		Zip	Code		Telephone Number	
Employment Dates (Month & Vest)	Starting Sala	2.457			Ein	al Salary		Other Compensation	
Employment Dates (Month & Year) From: To:	\$ starting Sais	•	per			ai Saiary per		Other Compensation	
Name & Title of Immediate Supervisor	"	1				ason for Leaving			
-									
Description of Duties:									
Previous Employer					Titl	e or Position			
Address	City		State		Zip	Code		Telephone Number	
Employment Dates (Month & Year)	Starting Sala	ary			Fin	al Salary		Other Compensation	
From: To:	\$ per				\$	per			
Name & Title of Immediate Supervisor	1				Rea	son for Leaving			
Description of Duties:				<u> </u>					
_									
Previous Employer					Titl	le or Position			

Address		City			State	Zip Code	e	Telephone Number
Employment Dates (Month &	Year)	Starting Salary	·		Final S	Salary		Other Compensation
From: To:					\$ per			
Name & Title of Immediate St	apervisor				Reason	n for Leavi	ng	
Description of Duties:								
Previous Employer				Title or Po	sition			
Address		City			State	Zip Code	e	Telephone Number
Employment Dates (Month &	Year)	Starting Salary	,	Final Salary				Other Compensation
From: To:		\$	per		\$	•	•	
Name & Title of Immediate St	apervisor	1			Reason	n for Leavi	ng	
Description of Duties:								
EDUCATION								
	High School		Une	dergraduate		o :	/D C : :	
School Name & Location	Equivalency Di	ploma (GED)	Colleg	ge/University	7	Graduat	te/Professional	Business/Technical
Circle Last Year Completed			1 1 2	2 3	4	1 2	2 3 4	
Diploma/Degree/Credits			1   4	2   3	4	1 2	2 3 4	
Course of Study								
Specialized training, apprenticeship, skills, and extra-curricular activities								
Honors you have received								
Additional information you feel may be helpful for us in considering your application					1			•
Other Knowledge, Skills	, or Qualificatio	ons:						
Typing: □ Yes □ No WPM Personal Computer: □ Yes □ No								
Are you familiar with bus	siness software:	P □ Yes □	No					
MicroSoft Office	☐ Yes ☐ No		eadsheets		□ Y			
Databases	☐ Yes ☐ No	No E-mail			☐ Yes ☐ No ☐ Yes ☐ No			
Presentations	☐ Yes ☐ No	De	sktop Publ	ıshıng	⊔ Y	es ⊔N	О	
Rate your computer skills	s: 🗆 Go	od 🗆	Fair	□ Lea	rning	Othe	er	
TRAINING								
Sponsoring Organization & Lo	ocation	Name of Co	ourse, Semin	ar, Etc.	C	CEUs	No. of Hou	rs Dates

VOLUNTEER ACTIVITIES (You n	eed not identify organizations that mig	ht indicate your race, gender, national origin, age, religi	ious affiliation, or sexual orientation.)
Organization	Position/Office Held	Describe Responsibilities and/or	Services Number of Years
REFERENCES Please indicate whether schooling or e	employment was under another i	name:	
Applicants without recent employmen	nt experience should list persons	, other than relatives, who know qualification	ns and/or background experience.
Name	Profession	Telephone/E-mail Contact Information	Business or Home Address
I hereby authorize you to contact all references to release to you all informe		the personal employment references as indicated that apply).	nted helow. I further authorize these
☐ Present employer ☐ Pres	ent employer after accepting pos	sition  Previous employers	Additional references listed
D 1 6	11 .1 1		
applying with or without reason Please describe:		le to perform the essential functions  ☐ Yes ☐ No	of the job for which you are
Are you legally eligible to be emplo	oyed in the United States?	☐ Yes ☐ No (Proof of identity and ea	ligibility will be required upon employment.)
Have you ever been convicted of a complaint?	ı felony, crime (other than tra	ffic violations), or been the subject of a fo ☐ Yes ☐ No	ounded Child Protective Services
If yes, please state offense, date, an	nd location. (A conviction record	I will not necessarily be cause for disqualification.,	)
Are you available to work:   Ful [If you cannot work full-time or there are lim		O	
voluntarily leave employment upon prope are hereby expressly disavowed and show	er notice and may be terminated by uld not be relied upon by any pros	oool documents are not contracts of employment, a the School at any time. I understand that any e pective or existing employee. I also understand t ent is conditional upon a criminal background i	oral or written statements to the contrary that I am submitting this application to
	that any misrepresentation or omis.	nd that I have not knowingly withheld any inform sion of facts on this application will be cause for	
Statement			
Explain briefly why you are intereste	ed in working for Richmond We	aldorf School.	

Signature Date

	requested for record keeping purposes and will NOT be kept with your application for employment. F tion on the basis of race, color, sex, age, national origin, religion, or disability.	Federal law
Please check the block for the	racial or ethnic group with which you identify:	
□ White (includes Arabian)		
☐ Black (includes Jamaican,	Bahamians & other Caribbeans of African but not Hispanic or Arabian descent)	
☐ Hispanic (includes persons	of Mexican, Puerto Rican, Central or South American, or other Spanish origin or culture)	
☐ Asian & Asian American	n (includes Pakistanis, Indians, and Pacific Islanders)	
☐ American Indians (includes	s Alaskans)	
□ Not disclosed or other		
Gender: □ Male □	□ Female	
Date of Birth:		