



828 Elbow Lane, Warrington, PA 18976  
PH: 215.343.2124 FAX: 215.933.1469

## Application for Employment

Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number (COLLECTED IN PERSON ONLY): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Source of Referral (Please Name):

Advertisement: \_\_\_\_\_

Friend: \_\_\_\_\_

Relative: \_\_\_\_\_

Other: \_\_\_\_\_

Are you Legally a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you provide valid and adequate proof of citizenship? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Appropriate documentation would include at least one of the following: US Passport, IWS issued Certificate of US Citizenship or Naturalization, Resident Alien Card with photograph, unexpired Foreign Passport with valid Work Authorization, Birth Certificate, Driver's License, or Social Security Card.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a physical, mental, or medical impairment or disability that would limit your job performances for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Do you wish to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Please specify hours you are willing to work\*: \_\_\_\_\_

\*Please note that some positions are set schedules

Have you previously been employed by Elbow Lane School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

What date would you be available to begin employment? \_\_\_\_\_

Education	Name & Address of School	Course of Study	Did you graduate?	Diploma/Degree
High School				
College/Other				
Graduate School				

Elbow Lane School recognizes the following legally protected classes for employees and all employment actions will be made without regard to a staff person's race, color, creed, religion, age, gender (including sexual orientation or preference), national origin (including limited English proficiency), pregnancy, disability or veteran's status.

Additional Certifications: \_\_\_\_\_

Special Skills or Abilities: \_\_\_\_\_

Professional Licenses or Certifications: \_\_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

**Employment Experience** (Starting with your present/last employer, include volunteer experience)

Dates Employed	Employer (Name, Address, Phone Number)	Job Title	Supervisor's Name	Salary
From: _____ To: _____				
Duties & Responsibilities:				
Reason for Leaving:				
From: _____ To: _____				
Duties & Responsibilities:				
Reason for Leaving:				
From: _____ To: _____				
Duties and Responsibilities:				
Reason for Leaving:				

**References:** Give names of three (3) persons, not related to you, whom you have known for at least 1 year.

Name	Address	Daytime Phone	Years Known

The facts set forth in this application are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements and information contained on this application. I further authorize any and all references listed on this application to release all information concerning my previous employment or any pertinent information they may have. I indemnify Elbow Lane School against any liability, which might result from making such inquiries and conducting such an investigation. I understand and agree that if hired my employment is no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_