

APPLICATION FOR EMPLOYMENT

TAMARACK WALDORF SCHOOL

1150 East Brady Street Milwaukee, WI 53202

Ph: 414-227-0009 Fax: 414-277-7799 www.tamarackwaldorf.org office@tamarackwaldorf.org

Tamarack Waldorf School does not discriminate against applicants and students on the basis of race, color, gender, sexual orientation, and natural or ethnic origin. We are sorry, but our facilities are not able to accommodate people with physical disabilities.

1. Name: _____
Last First Middle

2. Address: _____

3. Phone: _____ (Home) _____ (Cell)

4. Email: _____

4. Social Security Number:

5. Are you 18 or older? Yes No

6. Give any other names by which you have been known:

7. State title of job for which you are applying:

8. Date Available:

9. If you are presently or were previously employed by Tamarack Waldorf School list the following:

Position Title:

Start Date:

10. List the names of any relatives or close friends who are Tamarack Waldorf School employees a/o school board members.

11. Education and training: List high school attended. If you did not graduate from high school but have passed the GED Test, indicate the date passed. Then list college, university, technical, military or other training you have received in chronological order.

Educational Institution	Location	Did you graduate?	Course of Study	Degree or Diploma

12. Have you ever been fired or asked to resign from a job? Yes No If yes, please explain:

Draft 7/7/10; Updated 9/13/10; Updated 1/10/12

O:\Administration\Personnel

13. EMPLOYMENT INFORMATION: List your employment information, beginning with your current or most recent employer, and proceeding backwards. Please indicate if positions were full or part time. If part-time, indicate average number of hours per week.

Employer

Contact Name	Phone	Email
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Address

City	State	Zip
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Job Title	Supervisor
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From: / / (mm/yyyy)	To: / /	Start \$ (hourly or salary)	Final \$
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Employer

Contact Name	Phone	Email
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Address

City	State	Zip
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Job Title	Supervisor
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From: / / (mm/yyyy)	To: / /	Start \$ (hourly or salary)	Final \$
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Employer

Contact Name	Phone	Email
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Address

City	State	Zip
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Job Title	Supervisor
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From: / / (mm/yyyy)	To: / /	Start \$ (hourly or salary)	Final \$
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Employer

Contact Name	Phone	Email
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Address

City	State	Zip
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Job Title	Supervisor
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From: / / (mm/yyyy)	To: / /	Start \$ (hourly or salary)	Final \$
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14. Personal References: List three references that may provide additional information about your training, experience, qualifications, or character.

NAME	RELATIONSHIP	PHONE(S)

CERTIFICATE OF APPLICANT: I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, commissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the organization's rules and regulations, and I understand that these rules and/or the Faculty and Staff Handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the organization's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time, by the organization. I understand that no organization representative, other than its president, and then only when in writing and signed by the president of the Board of Trustees, has any authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process, and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Signed: _____ Date: _____

