

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information. Be sure to sign and date the application. ***Please print.***

Personal Information			
Last Name	First Name	M.I.	Home Phone:
Current Mailing Address: Number and Street			Cell Phone:
City	State	Zip	Personal E-Mail Address:

Additional Information	
Position for which you are applying: _____	Would you accept : <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying _____ _____ _____	
Have you ever worked for Larc School in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a legal right to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, proof is required)
If employed by Larc School can you submit verification of your legal right to work in the United States prior to your starting date (e.g.) Birth Certificate, US Passport, INS Approved Work Authorization)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Background			
Name of School	Graduated?	Year/Diploma or Degree	Certification
High School:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
College:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vocational or Other, Training:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Equal Opportunity Policy
It is the policy of Larc School to give all applicants for employment equal consideration regardless of their race, color, sex, age, marital status, religious creed, national origin, disability or any other status protected by federal, state or local law. Larc School is an equal opportunity employer.

Previous Employers and Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone (____) _____
 Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone (____) _____
 Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone (____) _____
 Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone (____) _____
 Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

Disclaimer and Signature

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

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with cause, and with notice, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with cause, and with notice, by the Company. I understand that no Company representative, other than its Chairperson, and then only when in writing and signed by the Chairperson, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____