



## 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.	Date	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 <input type="checkbox"/> Seasonal (Extended School Year)
Desired Salary Range _____	
How did you learn about Larc School?	
<input type="checkbox"/> Job posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Social Media <input type="checkbox"/> Larc Website <input type="checkbox"/> Other	
Can you perform the essential functions of the position(s) for which you are applying? If you have any question as to what functions are essential to the position, please ask before you answer this question. (Reasonable accommodations will be explored and provided, where possible, to assist qualified individuals with disabilities in meeting position requirements.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Please explain: _____ _____	
List any special training or skills (languages, office equipment, etc.) that are relevant to the job for which you are applying: _____ _____	
Have you worked for or applied for a position at Larc School in the past? <input type="checkbox"/> Yes    Dates: _____ <input type="checkbox"/> No	
Are you at least 18 years or older? <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 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/ Location	Graduated?	Diploma or Degree	Major/Subject Studied
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"/>		

**Certifications & Licenses (To be completed by teacher, substitute teacher, therapist, and nurse candidates).**

Certification	State	Date Issued	Expiration Date	Type

**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 \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Disclaimer and Signature**

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or material omissions on this application shall be grounds for dismissal whenever discovered.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer extended may be contingent on my successful completion of medical and psychological tests, including drug and alcohol screens, criminal history review and finger printing, and that the offer of employment can be withdrawn if the results of such testing are unsatisfactory.

I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Larc School and myself for either employment or for the providing of any benefits. No promises regarding employment or duration of employment have been made to me and I understand that no such promise or guarantee is binding upon Larc School unless made in writing by an officer of the school specifically authorized to make such promises.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_