



Lawrence School

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should contact a representative of the school.

Position for which applying: _____ Date: _____
 Name: _____ SS number: _____
 Street Address: _____ City, State: _____ Zip: _____
 Home Phone: _____ Cell phone: _____ Email: _____
 Referral Source: _____

If you are under 18, and it is required, can you furnish a work permit? (check one) Yes or No

Are you legally eligible for work in this country? (check one) Yes or No

Have you been employed here before? (check one) Yes or No

Desired salary: \$ _____ Driver's license #: _____ Date available for work: _____

Have you ever been charged with a felony or misdemeanor other than a minor traffic violation? (check one) Yes or No

(Affirmative response to this question does not necessarily eliminate you from further consideration.)

If yes, please provide date and details: _____

EMPLOYMENT HISTORY:

Beginning with your present and most recent employer, list all employers for whom you have worked in the past 10 years.

Also, please attach a resume.

Employer	
Name: _____	Employer phone number: _____
Employer Location: _____	Dates of employment: _____
Supervisor Name and Title: _____	
Job responsibilities _____	
Pay rate: _____	Reason for leaving: _____
May we contact? Yes or _____ No	If no, reason: _____
Employer	
Name: _____	Employer phone number: _____
Employer Location: _____	Dates of employment: _____
Supervisor Name and Title: _____	
Job responsibilities _____	
Pay rate: _____	Reason for leaving: _____
May we contact? Yes or _____ No	If no, reason: _____
Employer	
Name: _____	Employer phone number: _____
Employer Location: _____	Dates of employment: _____
Supervisor Name and Title: _____	
Job responsibilities _____	
Pay rate: _____	Reason for leaving: _____
May we contact? Yes or _____ No	If no, reason: _____

(Please list all employers. Use additional sheets if necessary.)



Lawrence School

EDUCATION:

School / College / University	Location	Dates	Major and Degree

SKILLS AND QUALIFICATIONS:

Certificate / License #: _____	Date issued: _____	Type: _____
State: _____		
Certificate / License #: _____	Date issued: _____	Type: _____
State: _____		

U.S. Military Service (Branch): _____ Service Number: _____

Other training, certificates, etc: _____

Other scholastic honors, awards, research, publications, or special recognitions: _____

Hobbies, Special Interests: _____

REFERENCES:

Please list name, company, title and telephone number of three business/work references who are not related to you.

1. _____
2. _____
3. _____

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with Lawrence School is true, complete and correct. I am aware that any false statement will be sufficient for denial of employment or dismissal from Lawrence School employment, if hired.

I expressly authorize, without reservation, Lawrence, 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 Lawrence does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current only for 60 days. At the conclusion of that time, if I have not heard from Lawrence and still wish consideration for employment, it will be necessary to re-apply and fill out a new application.

This application does not constitute an agreement or contract for employment.

NOTE: Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept the terms of the foregoing statement.

Signature of applicant: _____

Date: _____



AUTHORIZATION AND RELEASE FORM

I hereby authorize Lawrence School and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records; or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. Workers' Compensation information will only be requested in compliance with the American Disabilities Act (ADA) and/or any other applicable state laws.

This authorization and release applies to ALL federal, state, and private agencies. I hereby release and hold harmless, any person, firm, or entity that discloses matters in accordance with this authorization, as well as Lawrence School and its designated agents and representatives from any and all liability that might otherwise result from the request for use of and or disclosure of any or all of the foregoing information. I understand that Lawrence School will obtain the results of above named reports for employment purposes exclusively. I have the right to revoke the authorization at any time, provided I do so in writing. According to the Fair Credit Reporting Act, (FCRA) I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and will be given the name of the agency or source of information. You may contact me as indicated below.

APPLICANT INFORMATION (please print clearly and accurately)

Last Name:		First Name:		Middle Name:
Maiden Name:		Any Other Name(s) Known By:		
Street Address:				Phone Number:
City:	State:	Zip:	County:	Email Address:
Length of time at current address -- Years:		Months:		

List Previous Addresses (include all addresses within last 7 years -- use back of form if necessary)

Street Address:				From Month/Year:
City:	State:	Zip:	County:	To Month/Year:
Street Address:				From Month/Year:
City:	State:	Zip:	County:	To Month/Year:
Street Address:				From Month/Year:
City:	State:	Zip:	County:	To Month/Year:

Social Security Number:	Date of Birth:
Driver's License Number:	State where license was issued:

High School (name):	Year graduated:
High School City, State:	Name diploma issued under:
If GED received, tested in what location and State:	GED date received:
	Name GED issued under:

College (name):	Year graduated:
College City, State:	Name diploma issued under:
	College degree received? (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No

U.S. Military Service (Branch):	Service Number:
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May we contact your current employer? (check one) Yes or No

<p>Have you ever been charged with a felony or misdemeanor other than a minor traffic violation? (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No (Affirmative response to this question does not necessarily eliminate you from further consideration.) If YES, please indicate county and state where convicted:</p>



**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Lawrence School's designated agent P.P.S. Administrative, LLC., dba Hartman Personnel Services ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date