

# THE HOTCHKISS SCHOOL APPLICATION FOR EMPLOYMENT

<b>SOCIAL SECURITY NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
NAME (Last)			(First)			(MI)	SUFFIX (e.g., Jr.)	
ADDRESS (Number and Street)								
CITY					STATE	ZIP CODE (Last 4 digits are optional)		
HOME PHONE (Area Code) (Number)			BUSINESS PHONE (Area Code) (Number)			EXTENSION		
Are you presently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, may we enquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no		May we call you at work? <input type="checkbox"/> yes <input type="checkbox"/> no		Were you previously employed here? <input type="checkbox"/> yes <input type="checkbox"/> no	If you are 17 years old or <b>younger</b> , please enter your age:		
Previously applied for work here? <input type="checkbox"/> yes <input type="checkbox"/> no			Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no			Drivers License? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you eligible to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no				Who were you referred by?				
What kind of position are you applying for? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either				Any relatives currently employed by Hotchkiss? <input type="checkbox"/> yes <input type="checkbox"/> no				
Position desired:			Date available:		Name:		Position:	
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> yes <input type="checkbox"/> no								
If no, indicate highest grade completed:								
SCHOOL	NAME	ADDRESS	DATES ATTENDED From    To		CREDIT HOURS	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE
HIGH SCHOOL								
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								
OTHER (special courses or training)								

**OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION** (e.g., medical, nursing, engineering)

TYPE(S)/GRADE	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.
Do you speak, read or write a language other than English? (This information is voluntary unless required by the position vacancy announcement.) <input type="checkbox"/> Yes    Specify language(s): _____				
My areas of proficiency in this language(s) include (please circle):                      READING                      WRITING                      SPEAKING				

**REFERENCES** (List below the names of three persons, not related to you, whom you have known at least one year.)

NAME	ADDRESS	PHONE NUMBER	BUSINESS

**INSTRUCTIONS:** Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **that are necessary for determining your eligibility for employment**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8" x 11" sheet. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Title (Start with most recent job)		Company		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned	Business Address/Phone No.		
Employed From (Month/Year)	To (Month/Year)	Total (Years/Months)	Salary or Wage		Hours Per Week
			\$	Per	(Full time) (Part time)
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES					

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Title of Immediate Supervisor		Dept. Where Assigned	Business Address/Phone No.		
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No. and Titles of Employees Supervised by You			Reason for Leaving		
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No. and Titles of Employees Supervised by You			Reason for Leaving		
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			\$	Per	(Full time) (Part time)
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES					

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification for employment and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of employment and I authorize The Hotchkiss School to investigate any of the information given.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_