

High Point Friends School Employment Application

800-A Quaker Lane
High Point, NC 27262

Phone: 336.886.5516
Fax: 336.886.7420
hpfschool@hpfs.org
www.hpfs.org

Dear Applicant:

Thank you for your interest in being a part of the staff at High Point Friends School. We are pleased that you are considering joining an educational team that is committed to providing an excellent education to every student.

Please complete all the information requested on the application form to prevent any delays in processing your application. If you are applying for a teaching position (K-8th Grades) and have received your teaching certificate, a photocopy of it must be submitted at the time of your employment.

All information obtained with this application will be held in strict confidence. Please print clearly.

POSITION

Check all applicable: () Preschool Teacher () Preschool Assistant () K-8 Teacher
() K-8 Assistant () Administrative () Other _____

PERSONAL DATA

Social Security Number: _____ - _____ - _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business/Cell Phone: _____

Fax Number: _____ Email: _____

EDUCATION

High School (Name): _____ (Location) _____

() Diploma () Other (Specify) _____

Highest Grade Completed _____ College Graduate () Yes () No

If no, give total credits received: _____

Your Name if Different While Attending School: _____

Undergraduate College/University: _____

Address: _____

Degree: _____ Credits: _____

Pertinent Undergraduate Courses: _____

Graduate School: _____

Address: _____

Degree: _____ Credits: _____

Pertinent Graduate Courses: _____

JOB-RELATED TRAINING & COURSE WORK

List any skills, licenses, and certificates which are related to the job you seek.

WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include job related volunteer work. If applicable, provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

Present/Last Employer: _____

Address: _____ Phone: () _____

Job Title: _____ May we contact this employer? () Yes () No

From: ____/____/____ To: ____/____/____

Job Duties: _____

Reason for Leaving: _____ Salary: _____

Previous Employer: _____

Address: _____ Phone: () _____

Job Title: _____ May we contact this employer? () Yes () No

From: ____/____/____ To: ____/____/____

Job Duties: _____

Reason for Leaving: _____ Salary: _____

Previous Employer: _____

Address: _____ Phone: () _____

Job Title: _____ May we contact this employer? () Yes () No

From: ____/____/____ To: ____/____/____

Job Duties: _____

Reason for Leaving: _____ Salary: _____

1. Have you ever been convicted of a criminal offense? () Yes () No

Note: Omit minor vehicle violations.

If yes, please list charge(s): _____

Where convicted: _____ Date _____

Disposition/Status: _____

2. Have you ever been terminated or forced to resign from any job? () Yes () No

If yes, please explain: _____

3. Are you legally authorized to work in the United States? () Yes () No

Give the names of two people, not relatives, who are familiar with your work.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and or employees of High Point Friends School, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; law enforcement records; and/or any personnel records deemed necessary. I release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature: _____ Date: _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature: _____ Date: _____

Date Received: _____ Received by: _____



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FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any 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 establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request 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.

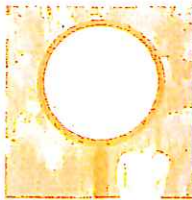
AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)



reference

C H E C K I N G

Authorization to Obtain Records and Other Information for Employment Purposes



NAME (First, Middle (full), Last)		PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)	
CURRENT STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
APPLICANT SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE ISSUED	MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE	DATE
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For office use only

Fax to 1-919-876-6272



COMPANY NAME	REQUESTOR
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- Criminal Record
 Credit Report
 Motor Vehicle Record
 Social Sec. No. Trace
 OIG
 Federal Record

For Georgia criminal searches only: (must check one)

- Employment with Mentally Disabled (Purpose Code M)
 Employment with Children (Purpose Code W)
 Employment with Elder Care (Purpose Code N)
 None Apply

CRIMINAL (where) 1	2	3
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EMPLOYMENT 1	2	3
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PROFESSIONAL LICENSE VERIFICATION	EDUCATION VERIFICATION
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