

Capital Day School

120 Deepwood Drive, Frankfort, KY 40601 (502) 227-7121

APPLICATION FOR EMPLOYMENT

It is the policy of Capital Day School to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

PERSONAL INFORMATION

Name _____ Date _____
LAST FIRST MIDDLE Soc. Sec. no. _____

Address _____
STREET CITY STATE ZIP CODE

Daytime Phone _____ Evening Phone _____

Are you at least 18 years old? YES NO Are you legally eligible for employment in the United States? YES NO

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? YES NO If so, may we inquire of your present employer? YES NO

Ever applied to Capital Day School before? YES NO If so, when? _____

Who referred you to Capital Day School? _____

EMPLOYMENT HISTORY (List your current or most recent employment first.)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION AND TRAINING

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE	SUBJECTS STUDIED/ MAJOR
HIGH SCHOOL OR GED				
COLLEGE				
OTHER TRAINING (GRADUATE, TECHNICAL, VOCATIONAL)				

REFERENCES (List two people who would be willing to provide a reference for you.)

NAME	E-MAIL ADDRESS	PHONE NUMBER	RELATIONSHIP

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Capital Day School to contact former employers and educational organizations regarding my employment and education, I authorize my former employers and educational organizations to full and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION NAD I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE