



(Conviction will not necessarily disqualify applicant from employment.)

If "yes," please explain using a separate sheet of paper.

Do you speak/write/read any languages other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin): \_\_\_\_\_

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Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Name

Address

Phone No.

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. Mountain View Core Knowledge School may contact the employers listed below unless you indicate otherwise.

Employer	Phone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Start	Final		
Supervisor				
Reason for Leaving				

Employer	Phone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Start	Final		
Supervisor				
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Employer	Phone	Dates Employed		Work Performed
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Employer	Phone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Start	Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience:

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**EDUCATION**

	Elementary				High				Vocational/ Trade School				College/ University			
School Name																
Years Completed (Circle)	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																

Honors Received:

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State any additional information you feel may be helpful to us in considering your application.

**APPLICANT'S STATEMENT**

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Mountain View Core Knowledge School or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Mountain View Core Knowledge School, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Mountain View Core Knowledge School. I specifically waive any rights or privileges I have to confidentiality of such information and release Mountain View Core Knowledge School and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if I should become employed by Mountain View Core Knowledge School, this authorization shall continue for the duration of such employment. A photographic copy of this authorization shall be valid as the original.

I further agree that neither Mountain View Core Knowledge School nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Mountain View Core Knowledge School or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

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Signature of Applicant

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Date

**COMPLETION OF THE FOLLOWING SECTION OPTIONAL**

From time to time, other employers experience a shortage of candidates and will contact us for leads on applicants. If you want us to share your file with those who are seeking applicants in your area of specialization, please sign the following release.

I hereby authorize sharing of my application data, including but not limited to credentials and transcripts, with other authorized employment officials who may be seeking applicants in my area of specialization.

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Signature of Applicant

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Date

**FOR SCHOOL USE ONLY  
DO NOT WRITE ON THIS PAGE**

**REFERENCE CHECK**

Employer	Person Contacted	Comments
1		
2		
3		
4		

**TEST RESULTS**

Test Administered	Raw Score	Rating	Analysis & Comments

**INTERVIEW SUMMARY**

Name	Date	Comments