## THE GUNSTON SCHOOL, INC. P O BOX 200 CENTREVILLE, MD 21617

In compliance with MD.Code, Educ.6-113.2 (House Bill 486-Child Sexual Abuse Ad Sexual Misconduct Prevention), please complete the Personal Information Section and sign the last page

# **Personal Information**

Name				
Last	First	Middle Initial		
Current Address				
	Street	City	State	Zip Code
Phone: ()	h ()	cell Email:		
Position Desired:				
	First Choice		Second Choice	
Can you with or without re have any questions about Yes Are you legally eligible	easonable accommodation perfo t the functions of the job, please No to work in the United States'	rate sheet stating date, charge, place orm the essential functions of this ask the interviewer before answe	job? <i>(If you</i>	
Yes Organizations in which vo	No bu take an active part: (mention	any office(s) you have held.)		
Community				
References				
Professional:				

Name	Position/Occupation	Address	Phone Number

#### Personal:

Name	Position/Occupation	Address	Phone Number

Yes

### Education (College or University, High School - Begin with most recent)

Dates	Name of Institution	Major	Minor	Year of Graduation	Degree

**Work Experience** - Begin with most recent (Include practice teaching if less then 2 years experience) By listing the information below, you are giving The Gunston School permission to contact your former employers.

From	То	Company	Address	Supervisor & Phone

Add here any special honors, outstanding achievements, awards, etc., or individual strength not identified earlier in this application, which you feel, will assist in arriving at a true estimate of your qualifications.

#### PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information on this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in this application and any supplement. I also understand that an omission or falsification of information on this application or any supplement may result in refusal of, or immediate discharge from employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Gunston School, Inc. that such employment with The Gunston School, Inc., is at will, for no specified duration and may be terminated by either The Gunston School, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Gunston School or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Gunston School, Inc., except the Head of School has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Head of School of The Gunston School, Inc.

In consideration for employment with The Gunston School, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of The Gunston School, Inc., at all times and understand that such adherence is a condition of employment. I understand that due to the nature of The Gunston School, Inc., business, attendance and punctuality are considered essential requirements of every job at The Gunston School, Inc., and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with The Gunston School, Inc., I will be required to submit to a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to The Gunston School and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete the following information:

Previous Name (If Applicable)

Date of Birth

Driver's License Number

State Issued