

Tel 425.401.9874 Fax 425.865.9093 info@threecedarswaldorf.org www.threecedarswaldorf.org



Employment Application Form

		TODAY'S DATE	
LAST NAME	FIRST NAME	MIDDLE NAME	
TELEPHONE	EMAIL		
ADDRESS			
CITY		STATE	ZIP
POSITION APPLIED FOR		SOCIAL SECURITY NUI	MBER
Would you accept full-time work Would you accept part-time wo Have you ever been employed	ork? □ Yes □ No	e give dates:	
Are you legally eligible for emp	loyment in the United States? □ Y	es □ No (If yes, proof is req	uired if hired.)
accommodation)? ☐ Yes ☐ No This question is not designed to mation about the existence of a	ential functions of the job for whice Indicate Need more information about an applicate disability, particular accommodate at a later stage to the extent permitted.	t the job's "essential function cant's disability. Please do no tion, or whether accommoda	ns" to respond. t provide infor-
-	yment, other than those due to pe	•	vility.
Have you ever been fired or ask	xed to resign from a job? □ Yes □	No If yes, please explain:	
Special Training or Skills Languages, other skills, etc., tha	at would be of benefit in the job f	or which you are applying.	

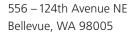


Employment Application Form (continued)

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

EMPLOYER	()		
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY		STATE	ZIP
YOUR JOB TITLE	YOUR SUPERVISOR		
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM/YYYY)	HOURLY RATE / SALARY		
REASON FOR LEAVING			
EMPLOYER			
EMPLOTER	()		
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY		STATE	ZIP
YOUR JOB TITLE	YOUR SUPERVISOR		
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM/YYYY)	HOURLY RATE / SALARY		
REASON FOR LEAVING			
EMPLOYER	()		
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY		STATE	ZIP
YOUR JOB TITLE	YOUR SUPERVISOR		
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM/YYYY)	HOURLY RATE / SALARY		
REASON FOR LEAVING			



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Employment Application Form (continued)

ducational Background		
HIGH SCHOOL		LOCATION
	☐ Yes ☐ No	
OURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
OLLEGE		LOCATION
OURSE OF STUDY	☐ Yes ☐ No DID YOU GRADUATE?	DEGREE OR DIPLOMA
OURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
DADUATE COURSE		100171011
RADUATE SCHOOL	□ Yes □ No	LOCATION
COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
OCATIONAL TRAINING / OTHER		LOCATION
	☐ Yes ☐ No	
OURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
ONTINUING EDUCATION (LIST)		



556 – 124th Avenue NE Bellevue, WA 98005 Tel 425.401.9874 Fax 425.865.9093 info@threecedarswaldorf.org www.threecedarswaldorf.org

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the organization's rules and regulations, and I understand that these rules and/ or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the organization's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the organization. I understand that no organization representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

SIGNATURE OF APPLICANT DATE

Equal Opportunity Policy

It is the policy of our organization to provide equal opportunity for employment and advancement to qualified individuals with regard to all terms and conditions of employment. The organization complies with federal and state laws prohibiting discrimination on the basis of race color, religion, sex, national origin, ancestry, sexual orientation, marital status, political affiliation, disability, veteran status, age, or any other status protected by local, state, or federal law.