

# Walden Oak School

Name (Last, First)		Social Security Number	
Present address	City	Referred by	Zip code
Permanent address	City	State	Zip code

## Employment desired

Position	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	May we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you legally authorized to work in the US? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever applied to this company before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where?	When?

## Education History

	Name & Location of school	Years Attended	Did you graduate?	Subjects studied
High school				
College				
Trade, business or correspondence school				

## General Information

Subjects of special study/ research work	
Special Training	
Special Skills	
US Military Service	Rank

## Former Employers: List below the last four employers, starting with the most recent one first

Date MM/YY	Name & phone number	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

## References: Give below the names of 3 persons not related to you, whom you have known at least 1 year

Name	Phone Number	Business	Years known

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from

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utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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

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