

**EMPLOYMENT APPLICATION**

**TIMBER RIDGE SCHOOL**

PO Box 3160  
 Winchester, VA 22604-2360  
 Fax: 540-888-4511  
 Phone: 540-888-3456  
 e-mail: recruit@trschoo.org  
 www.timberridgeschool.org

**Note:** No question on this form is asked for the purpose of limiting or excluding consideration of any applicant because of race, color, sex, national origin, age, marital status, religion or status with regard to public assistance, disability, handicap or conviction of a felony. Thank you for your interest in employment with our facility.

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

**PERSONAL DATA:**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Address (street):</b>			<b>City:</b>		<b>State:</b>
<b>Permanent Address (if other than above):</b>			<b>City:</b>		<b>State:</b>
<b>Home Phone:</b>			<b>Best time to call:</b>		<b>Email Address:</b>
<b>Work Phone:</b>		<b>May we contact you at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Best time to call:</b>	
<b>Alternate Phone:</b>		<b>Is there any name, other than the one above, by which you may be identified by previous employers?</b>			
<b>Are you 21 years of age or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you eligible to work in the United States (current work visa, permanent residency or U.S. citizenship)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you ever been convicted of any offense other than a minor traffic violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:					

**JOB INTERESTS:**

<b>Position applied for:</b>		<b>Have you ever been employed by Timber Ridge School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If so, when?</b> From: _____ To: _____	
<b>How did you learn about Timber Ridge?</b>		<b>Names and relationship of acquaintances or relatives employed at Timber Ridge School:</b>			
<b>Salary expected:</b>		<b>Date available for work:</b>		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute	
<b>What shifts?</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		<b>Date available for work:</b>		<b>If part time or substitute, what days?</b>	
		<b>Will you work weekends and holidays?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Will you work other shifts in emergencies?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Will you work overnight if necessary?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATIONAL HISTORY:**

Name and address of school	Did you graduate?		Length of studies	Degree obtained	Major
	Yes	No			
High School:	<input type="checkbox"/>	<input type="checkbox"/>	Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	
College:	<input type="checkbox"/>	<input type="checkbox"/>	Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School:	<input type="checkbox"/>	<input type="checkbox"/>	Credit hours completed: _____		
Other:	<input type="checkbox"/>	<input type="checkbox"/>			

**PROFESSIONAL CREDENTIALS:**

License, Certification Or Registration	Year Obtained	Expiration Date	State	Number

**PROFESSIONAL MEMBERSHIPS:**

List personal and professional organizations in which you are CURRENTLY an active member:

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**SKILLS:**

Computer skills:  Minimum  Moderate  Extensive

Date of most recent CPR training : \_\_\_\_\_

Date of most recent First Aid training: \_\_\_\_\_

Date of most recent Therapeutic Crisis Intervention training: \_\_\_\_\_

Other training relevant to position (include date of most recent training class):

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**VOLUNTEER EXPERIENCE: List volunteer experience which includes working with students/children:**

Organization where you served	Type of service done	Approximate hours per month	Dates Served

**EMPLOYMENT HISTORY:**

Are you currently employed?  Yes  No

List recent work history, beginning with your present or most recent employer:

<b>1) Employer:</b>		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities:			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>2) Employer:</b>		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities:			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>3) Employer:</b>		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities:			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4) Employer:</b>		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities:			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain any gaps in employment:			

**REFERENCES:**

Three references are required, at least one of which must be a previous employer, one must be a personal (character) reference, and one must have known you within the last year.

1) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
2) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
3) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
May we contact your references at this time?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I agree that any omission or misrepresentation of information provided by me on this application or in a personal interview shall be sufficient cause for rejection or termination of employment. I hereby grant permission for review of any of the information included on this form. I hereby authorize Leary Educational Foundation, Inc. and/or its agents to investigate my background to determine any and all information of concern regarding my application, whether same is of record or not. I release employers and persons named on this form from all liability for any damages on account of his/her furnishing said information. I understand that proof of certification and/or licensure, as well as official transcripts and diplomas from the schools I attended may be required.

I further understand that any offer of employment does not constitute a contract for any definite period of time. I understand that this application will be actively considered for a period of only sixty days following the date of application.

I hereby acknowledge that I have read and understood the above and hereby certify that the facts I have provided in this employment application are true and complete.

Date: \_\_\_\_\_ Signature (do not print): \_\_\_\_\_

(If transmitting electronically, signature will be required at time of interview.)

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**Please be advised that Timber Ridge School is a tobacco and drug-free environment.**

**TIMBER RIDGE SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER**

Revised 11/16/2011