

EAST COAST PREP

P. O. Box 940
Great Barrington, MA 01230
Tel: 413-528-6700

APPLICATION FOR EMPLOYMENT

Name: _____

Home Address: _____

Home Telephone: (_____) _____ Best phone # to reach the applicant: _____

Best time to call the applicant: _____ E-mail: _____

Position applied for: _____

Are you seeking **full-time** work at ECP? Yes No Would you accept **part-time** work? Yes No

Are you currently employed? Yes No Are you currently under an employment *contract*? Yes No

When would you be available to begin work at ECP? _____

Indicate below any dates/times in the near future when you would be *unavailable* to work at ECP.

Have you been employed at ECP before? Yes No If yes, when? From _____ to _____

Are you legally eligible for employment in the U.S.? Yes No

If yes, can you provide proof of Identity and Eligibility for Employment? Yes No

Are you of legal age to work? Yes No

REFERENCES: Please list three people ECP may contact about your qualifications, character, work ethic, etc.

Name	Address	Telephone	Email
1.			
2.			
3.			

EDUCATION - Circle the highest level of school you have completed.

School Grade: 1 2 3 4 5 6 7 8 9 10 11 12 GED Did you earn a high school diploma? Yes No

Vocational Training (years): 1 2 3 4

SCHOOLS ATTENDED

	School Name and Location	Dates Attended (mo/yr - mo/yr)	
High School			Date Diploma earned:
College			Degree and Major:
Graduate School			Degree, Area of study
Vocational or Trade Training Programs			Training Specialties:
Continuing Education completed:			
Certificates or licenses obtained:			
Special training, knowledge, or skills that qualify you for the position for which you are applying:			

EMPLOYMENT EXPERIENCE: List all your previous work experience, beginning with your current or most recent job. Use additional sheets if necessary or to account for all periods of unemployment.

Current or most recent Employer: _____

Address: _____

Telephone: (_____) _____

Applicant has been (was) employed there from (mo/yr): _____ to _____

Position and Duties: _____

Employee's Reason for Leaving: _____

May ECP contact this employer about the applicant's job performance? Yes No

If no, please explain: _____

Person to Contact: _____

Telephone: (_____) _____ or E-Mail: _____

Previous Employer: _____

Telephone: (_____) _____

Applicant was employed there from (mo/yr): _____ to _____

Position and Duties: _____

Employee's Reason for Leaving: _____

May ECP contact this employer about the applicant's job performance? Yes No

If no, please explain: _____

Person to Contact: _____

Telephone: (_____) _____ or E-Mail: _____

Previous Employer: _____

Telephone: (_____) _____

Applicant was employed there from (mo/yr): _____ to _____

Position and Duties: _____

Employee's Reason for Leaving: _____

May ECP contact this employer about the applicant's job performance? Yes No

If no, please explain: _____

Person to Contact: _____

Telephone: (_____) _____ or E-Mail: _____

Non-Discrimination Statement

It is the policy of East Coast Prep to provide equal opportunity with regard to all terms and conditions of employment. The Academy complies with federal and state laws prohibiting discrimination on the basis of race, color, ethnicity, religion, age, national origin, marital status, disability, sex, or any other legally protected characteristic.

PERSONAL INFORMATION

1. Have you ever been discharged or requested to resign from an employment position? Yes No
 2. Have you ever been refused renewal of an employment contract? Yes No
 3. Have you ever been convicted of a violation of law other than a minor traffic violation—including but not limited to any misdemeanor or driving while intoxicated, even if you served no time in incarceration (jail or prison)? Yes No
 4. Have you been convicted of, or pled guilty or *nolo contendere* to the charge of, a felony? Yes No
 5. Have you convicted of, or pled guilty or *nolo contendere* to, the charge of any crime of moral turpitude, obscenity, sexual molestation, physical or sexual abuse, or rape? Yes No
 6. Have you ever been convicted of, or pled guilty or *nolo contendere* to, the charge of possession, use, or distribution of drugs or controlled substances? Yes No
 7. Has a Social Services Department, Child Protective Services Unit or any other governmental agency ever determined that charges against you of child abuse or neglect are *founded*, or *probably founded*, or present *reason to suspect*, or similar findings? Yes No
 8. a) Do you have any conditions or know of factors that could hinder your job performance? Yes No
 b) Do you require reasonable accommodations(s) to perform the job for which you have applied? Yes No
- If you answered YES to any Personal Information questions, please attach a statement explaining each.**

ADDITIONAL INFORMATION

If this application has not allowed you to summarize adequately your background and qualifications for employment, please provide additional information you deem appropriate. (Attach sheets separately.)

Authorization and Consent for Criminal Record Check

By initialing below I authorize East Coast Prep (“ECP”) to conduct an investigation of my work history and of any police records pertaining to me, and I authorize the release of all such information to ECP in connection with my application for employment. Investigation may include but is not limited to criminal charges and convictions or civil claims, driving records, previous employment and education, personal and professional references, and other sources ECP deems appropriate. I waive my right of access to such information, and without limitation release ECP and the reference sources from liability in connection with its use or release. This release includes information from the following sources as illustrative examples: local, state, and federal law enforcement agencies; Central Criminal Records Exchange (data on all criminal convictions); any State’s Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information pertaining to investigations of child abuse or neglect. I understand that such information is privileged, confidential, and used only to determine my qualifications for employment and job assignment.

APPLICANT—INITIAL HERE TO SIGNIFY AUTHORIZATION/CONSENT: _____

Notification to Applicant that ECP may obtain a consumer credit report.

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) and applicable state law, this notice is to inform you that a consumer credit report may be obtained in connection with your application and/or your employment with ECP.

Authorization and Consent for Consumer Credit Investigation

By initialing below I authorize ECP to obtain a consumer credit report on me. I also acknowledge and certify that ECP has agreed to provide me, at my request, with a copy of the above prior written notification that a consumer credit report may be obtained on me, as well as a copy of this authorization.

APPLICANT—INITIAL HERE TO SIGNIFY AUTHORIZATION/CONSENT: _____

Verification of Application Responses

I certify unconditionally that I have made true, correct, and complete answers and statements on this application knowing that ECP may rely upon them in considering me for employment. I acknowledge that these questions are continuing in nature, and that I have a duty to change or amplify my answers to guarantee their accuracy at all times. I understand that any omission or any misleading or false statement I make or imply, whether written or oral, will be sufficient grounds not to employ me or for my immediate discharge should I become employed with ECP. In the event ECP determines, in its sole discretion, the existence of a material adverse report or omission as to any information, I agree that the employment offer will be deemed revoked immediately without further action, notice, or process. I understand that testing may be required in applying for some positions, and I agree to such testing as ECP deems necessary.

If accepted for employment, I hereby agree to abide by all ECP employment policies, regulations, and directives.

APPLICANT’S SIGNATURE: _____ DATE: _____