



# Sage Ridge School Employment Application

## Personal Information

SSN: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street or Post Office Box Number

\_\_\_\_\_  
City State Zip Code

Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Area Code Number Area Code Number

Best Time to Contact: \_\_\_\_\_ e-mail: \_\_\_\_\_

Are you under contract at present? \_\_\_\_\_

When could you begin work? \_\_\_\_\_

APPLYING FOR POSITION OF 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Sage Ridge School does not discriminate on the basis of race, sex, color, religion, national or ethnic origin, or disability in the administration of its admission and educational policies, financial aid programs, employment practices, and other school-administered programs.**

# PROFESSIONAL INFORMATION

*(Copies of transcripts must be furnished with this application)*

Professional Training	Name of Institution	Academic Major	Degree Received	Years	Years Attended
High School					
Undergraduate					
Graduate					
Other					

## Teaching Experience (If applicable)

Name of School	Location City/County/State	Grades and/or Subjects Taught	Dates	Total No. of Months Taught

Student Teaching Experience (for college seniors) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_ Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Areas of Certification

Subject Area \_\_\_\_\_ Semester Hours \_\_\_\_\_

Subject Area \_\_\_\_\_ Semester Hours \_\_\_\_\_

Subject Area \_\_\_\_\_ Semester Hours \_\_\_\_\_

## Other Areas of Interest

Check any of the following areas you have previous experience and would be willing to teach, coach or volunteer:

- Drama  
  Publications  
  Academic Clubs  
  Choral Music  
  Dance  
  Basketball  
  Golf  
  Tennis  
  Track  
 Volleyball  
  Baseball  
  Cross-Country  
  Others: \_\_\_\_\_

## Other Employment Experience (List most recent first)

Employer	Address	Position	Dates of Employment

## References

**REFERENCES:** List four professional references (including the name of your current or most recent employer) principals, supervisors, or others who know your character, qualifications, background and work experience.

Name	Official Position	Address	Phone

## Professional Affiliations

Please list professional organizations of which you are a member or other areas of interest:

---

---

---

## Agreement

I have truthfully and fully answered every question on this application to the best of my knowledge. I understand that any false information given on this form or in any document I might submit to Sage Ridge School as part of my application, as well as the omission of any facts that are material to my eligibility for employment, will result in the rejection of my application or, if discovered after I have been hired, will constitute good cause for my dismissal from employment.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# AUTHORIZATION FOR BACKGROUND INVESTIGATION AND CONSENT FOR RELEASE OF INFORMATION

---

In connection with my application for employment with Sage Ridge School. (the "School"), I authorize the School to perform a background investigation on me or to request one by a third party.

I understand that, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment related decisions directly affecting me, the School may wish to check my references and/or obtain and use an investigative background report including information as to my character, general reputation and personal characteristics from a consumer reporting agency. (This will not include a review of my credit history.) I understand that, upon written request, the School shall provide additional information regarding the nature and scope of the investigation requested.

I authorize and request all persons, schools, public and private entities, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization & Consent. I understand that the request for Date of Birth is only for the purpose of identifying me for background verification. I understand that the School will send a copy of this Agreement and authorization to each individual or entity from whom it is seeking a reference or background information. I authorize a photostat or facsimile of this release to be considered as effective as the original.

I hereby authorize the party receiving a copy of this signed form (including a photocopy or facsimile copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information.

I hereby voluntarily authorize the School to obtain consumer reports about me from an investigative reporting agency and to consider the reports when making decisions regarding my employment at the School. I release the School, its officers, employees and agents from any and all liability for the preparation of any reports concerning myself or my background.

**Please list your resident county, state and duration of residence for the last ten (10) years:**

County, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

County, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

County, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

County, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

County, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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