



## Employment Application For Non-Faculty Position

**Applications Will Be Active Until Job Applied For Is Filled**

We appreciate your interest in Hammond School, which is an equal employment opportunity employer. It is our policy to provide equal employment opportunity in all phases of employment in compliance with applicable federal and state laws, rules, and regulations. We assure you that your opportunity for employment with Hammond School depends solely on your qualifications.

(Please Print In Ink)

Date \_\_\_\_\_

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

Have you ever been known by another name? Yes No  
If "Yes" list other name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

Job Applied For: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Are you available for the following (check all that apply)?

	Full Time	Part Time	Temporary
Are you at least 18 years of age?	Yes	No	
Are you eligible to work for Hammond School in the United States?	Yes	No	
If hired, do you have a reliable means of transportation?	Yes	No	
Have you ever been bonded or granted a security clearance?	Yes	No	
If "Yes," with which employer(s)?	_____		

Have you ever been convicted of or pled “Nolo contendere” or “No contest” to a crime which has not been annulled, expunged, or sealed by a court?    Yes    No

If “Yes,” explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), and type(s) of rehabilitation:

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State names of friends and relatives working for Hammond School: \_\_\_\_\_

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### Education

Type Of School	Name Of School	Location (Complete mailing address)	Number Of Years Completed	Did You Graduate	Major and Degree
High School					
Trade or Vocational School					
College					
Graduate School					
Other					

### Employment Record

Present or Last Employer	Dates Employed From: To:	Job Title
Address	Supervisor  Title	Describe Your Duties
Telephone	Annual/Hourly Pay	Reason For Leaving

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**Other Previous Employers**

Company Name	Location	Dates Employed	Ending Pay	Job Title
1				
2				
3				
4				

Special skills or qualifications:

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Previous extracurricular involvement or interests:

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**References (do not list relatives or former employers):**

1. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

2. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

3. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

## Applicant's Certification

Please initial each paragraph to signify your understanding and agreement.

\_\_\_\_\_ I certify that all answers on this application are true and complete to the best of my knowledge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application and give Hammond School permission to contact schools, previous employers, references, and others, and release Hammond School from any liability as a result of such contact.

\_\_\_\_\_ I understand that false or misleading information in, or omissions from this application are grounds for immediate withdrawal of an offer of employment and/or immediate discharge from Hammond School upon the discovery of such false or misleading information or omission.

\_\_\_\_\_ I UNDERSTAND THAT HAMMOND SCHOOL HAS NO EMPLOYMENT CONTRACTS AND CANNOT GUARANTEE THE PERMANENCE OF ANY POSITION. I UNDERSTAND THAT, IF I AM EMPLOYED BY HAMMOND SCHOOL, MY EMPLOYMENT CAN BE AFFECTED BY SUCH FACTORS AS BUSINESS OR ECONOMIC CONDITIONS, CHANGES IN COMPANY POLICIES, MY JOB PERFORMANCE, ETC. I ALSO UNDERSTAND THAT I MAY CHOOSE TO LEAVE HAMMOND SCHOOL ON MY OWN ACCORD.

\_\_\_\_\_ I FURTHER UNDERSTAND THAT EMPLOYMENT WITH HAMMOND SCHOOL SHALL BE AN EMPLOYMENT WITH HAMMOND SCHOOL, SHALL BE AN EMPLOYMENT AT WILL, AND NO TERMS, POLICIES, PROCEDURES, OR RULES OF EMPLOYMENT ARE GUARANTEED. I UNDERSTAND THAT NO EMPLOYMENT CONTRACTS WILL BE RECOGNIZED UNLESS THEY ARE EXPRESSLY STATED IN WRITING AND SIGNED BY THE HEADMASTER OF HAMMOND SCHOOL.

\_\_\_\_\_ I understand that this application will remain active only until the job for which I have applied has been filled. I further understand that if I want to be considered for employment with Hammond School after the job for which I am applying is filled, I must complete another employment application for another job.

\_\_\_\_\_ I have read each of the above statements or have had them read to me and I understand them fully.

\_\_\_\_\_ I have attached a copy (front and back) of my South Carolina Drivers License.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



## Release of Information

Network Research Systems

Full Background Check

The purpose of this form is to notify you that a consumer credit report will be conducted on you in the course of consideration for employment with Hammond School.

Last Name/First/Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State of Issue \_\_\_\_\_

College/University: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree(s): \_\_\_\_\_

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background. Including, but not limited to: information about my employment, education, consumer credit history, driving record, criminal record, and general public records history. I authorize this information to be released to the person or company with whom this form has been filed, or their agent, MSI/NRS. This form releases the aforesaid parties from any liability and responsibility for collecting the above information.

\_\_\_\_\_  
Applicant/Employee's Signature

\_\_\_\_\_  
Date