



Employment Application
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

# Hammond School

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

## AUTHORIZATION TO RELEASE INFORMATION

I, Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Current Address \_\_\_\_\_ Dates Lived Here \_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code) \_\_\_\_\_ Dates of Residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Other Names Used (including maiden name) \_\_\_\_\_ Years Used \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Email address (may be used for official correspondence) \_\_\_\_\_  
Highest Level of Educational Degree \_\_\_\_\_ College/University \_\_\_\_\_

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current employer for Employment and Reference Verifications***

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
**Printed Name Applicant Signature Date**

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**