



The Boyd School, Inc.

A child learns what he lives

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

Name _____
Last First Middle Maiden

Present Address _____
(Number, Street, City, State, Zip Code)

How Long _____ Social Security # ____ - ____ - _____

Home Phone _____ Cell Phone _____

Position Applied for (1) _____
And salary desired (2) _____

How many hours a week can you work? _____ Can you work nights? _____

Employment desired: Full-Time Only Part-Time Only Full or Part-Time

When are available to start _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	GRADUATED/YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCH.				

Have you ever been convicted of a crime? No Yes

If yes, please explain below. Include number of convictions, nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and types of rehabilitation.



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Do you have a driver's license? No Yes

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration Date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the last three year? _____ How many? _____

Please list three references other than relatives or previous employers:

Name _____ Type: Professional Personal
Position _____
Company _____
Address _____
Telephone (____) _____

Name _____ Type: Professional Personal
Position _____
Company _____
Address _____
Telephone (____) _____

Name _____ Type: Professional Personal
Position _____
Company _____
Address _____
Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background of who they are. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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Military

Have you ever been in the armed forces? No Yes

Are you now member of the national guard? No Yes

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the ***past five (5) years*** beginning with your most recent job held. If you were self-employed, give firm name. ***Attach additional sheets if necessary.***

Name of employer: _____ Name of last supervisor: _____

Address: _____ Employment Dates: _____ to _____

Phone number: _____ Pay/Salary: _____ / _____
(Start) (Finish)

Reason for Leaving (be specific): _____

List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of employer: _____ Name of last supervisor: _____

Address: _____ Employment Dates: _____ to _____

Phone number: _____ Pay/Salary: _____ / _____
(Start) (Finish)

Reason for Leaving (be specific): _____

List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:



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Name of employer: _____	Name of last supervisor: _____
Address: _____	Employment Dates: _____ to _____
Phone number: _____	Pay/Salary: _____ / _____ (Start) (Finish)
Reason for Leaving (be specific): _____	
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	

Name of employer: _____	Name of last supervisor: _____
Address: _____	Employment Dates: _____ to _____
Phone number: _____	Pay/Salary: _____ / _____ (Start) (Finish)
Reason for Leaving (be specific): _____	
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	

May we contact your present employer? No Yes

Did you complete this application yourself? No Yes

If not, who did? _____



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Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose, in good faith, any information they may have regarding my qualifications and fitness for employment. I will hold The Boyd School, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Print Name: _____

Signature and Date: _____

Drug Testing Consent Form

I have applied for employment with The Boyd School, Inc. in a position that may require me to operate an automobile or truck directly with foster children. As a condition for my application being considered, I understand that I may be subjected to and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by The Boyd School, Inc. for any position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by The Boyd School, Inc. for screening purposes to conduct such screening and to provide the results to The Boyd School, Inc. Furthermore, I release The Boyd School, Inc., any person affiliated with The Boyd School, Inc. and any such institution or person conducting the screening from liability therefor.

Print Name: _____

Signature and Date: _____