



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, gender, age, disability, sexual orientation, familial or marital status, or any other characteristic protected from discrimination under state or federal law.

(PLEASE PRINT)

Date of Application _____		
Last Name _____	First Name _____	Middle Name _____
Address _____		
City _____	State _____	Zip Code _____
Telephone Number(s) _____		

Position(s) Applied For _____

Preferred Hours _____

Referral Source:

- | | | | |
|--|--------------------------------|---------------------------------------|--|
| <input type="checkbox"/> www.milton.edu | <input type="checkbox"/> AISNE | <input type="checkbox"/> nemnet | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Carney, Sandoe & Associates | <input type="checkbox"/> NAIS | <input type="checkbox"/> HigherEdJobs | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application here before? Yes No

If yes, provide date: _____

Are you or have you ever been a candidate for a position at The Mountain School of Milton Academy? Yes No

Are you currently employed? Yes No

Are you authorized to work in the United States? Yes No

On what date would you be available for work? _____

Are you able to work: Full-time Part-time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, genetic information, age, disability, or status as a veteran or being a member of the Reserves or National Guard. You may attach a resume but please complete this application as well.

EMPLOYER	ADDRESS	DATES EMPLOYED	
		From	To
JOB TITLE	DUTIES/RESPONSIBILITIES		
SUPERVISOR			
REASON FOR LEAVING OR WISHING TO LEAVE			TELEPHONE NUMBER

EMPLOYER	ADDRESS	DATES EMPLOYED	
		From	To
JOB TITLE	DUTIES/RESPONSIBILITIES		
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SUPERVISOR			
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If you need additional space, please continue on a separate sheet of paper.

Education

SETTING	SCHOOL NAME & LOCATION (City & ST)	MAJOR COURSE	GRADUATED YES/NO	DEGREE OR CERTIFICATION
High School				
College/University				
Graduate/Professional				
Business or Technical School				
Other Educational Training				
Scholastic Honors, Scholarships, Etc.				
Job Training, Special Courses, Apprenticeship, Etc.				

References

Give name, email address, and telephone number of three references who are previous employers

NAME	EMAIL ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

Have you ever had any job-related training in the United States military? Yes No
 If yes, please describe _____

Applicant's Statement

It is my understanding that this employment application, or the granting of an oral interview(s), does not represent a contract of employment or a promise of future benefits by Milton Academy. **I understand and agree that if hired, my employment is at-will and I may terminate it at any time for any reason, with or without notice, with or without cause, and Milton Academy may do the same. I also understand that this written statement superseded any and all oral representations made by agents or representatives of Milton Academy.**

AGREEMENT: I certify that the information on this application is true, complete, and correct. I authorize Milton Academy to investigate my past employment, education, and activities and I release Milton Academy and all persons, companies, and corporations supplying such information from any and all liability that could arise from this release of information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I understand that if I am offered a job, final acceptance by Milton Academy is contingent upon satisfactory completion of a CORI Background Investigation.

Signature of Application /s/ _____ Date _____



Equal Employment Opportunity (EEO) Voluntary Self Identification Form

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite applicants and employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Name (Last, First, Middle Initial): _____

Position(s) Applied For: _____