

**PLEASE TYPE OR PRINT IN BLACK INK**

| **NAME:**  Last Name | First Name | Middle Name |
| --- | --- | --- |

| **MAILING ADDRESS:**  Street | | |
| --- | --- | --- |
| City | State | Zip |
| **PHONE NUMBER:** | | |
| **PHONE NUMBER:** | | |
| **EMAIL ADDRESS:** | | |

VOLUNTARY INFORMATION

Rivendell School will be successful in serving our students and families only if our workforce reflects the diversity of the communities around us. Rivendell School is an equal opportunity employer that celebrates equity, diversity and inclusion. In all aspects of the employment process, qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability, genetic information, sexual orientation or any other basis protected by federal, state or local laws. By providing the demographic information requested below, you will help us ensure our job opportunities are being seen by diverse candidate pools we hope to attract. Your participation is voluntary and confidential. Refusal to disclose this information will not adversely affect your participation in the selection process.

ETHNICITY/RACE: Please select one or more of the following choices:

□ American Indian or Alaskan Native, not Hispanic or Latino

□ Latino Asian, not Hispanic or Latino

□ Black or African American, not Hispanic or Latino

□ Hispanic or Latino

□ Native Hawaiian or Pacific Islander, not Hispanic or Latino

□ White or Caucasian, not Hispanic or Latino

□ Two or More Races, not Hispanic or Latino

| **GENDER:** □ Male □ Female □ X |
| --- |
| **BIRTH DATE:** Month: Day: |





| **NAME:** |  |  |  | **Job Code:**  **(Rivendell use only)** |
| --- | --- | --- | --- | --- |
| **Application for Job Title:** | | | | | |
| **LICENSES/CERTIFICATION/REGISTRATIONS:** If a license/certificate/registration is required for the job for which you are applying (e.g., Colorado Teaching License, other professional designation, etc.) complete the following: | | | | | |
| Professional/Specialty License Type: License Number: | | | | | |
| Expiration Date: State and/or Agency and/or Organization Granting License: | | | | | |



| **EDUCATION HISTORY:** This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement. *If* ***you need additional space attach a separate sheet of paper using the same format.*** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| High School Graduate: □Yes □No | | | GED: | □Yes □No |  | |
| **UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POSTGRADUATE)** | | | | | | |
| Name: | | Location: | | | Attended From - To (MM-YY) | |
|  |  |
| Degree Awarded: | Date: | Major Field of Study: | | Minor Field of Study: | Total Semester Hours: | |
| Name: | | Location: | | | Attended From - To (MM-YY) | |
|  |  |
| Degree Awarded: | Date: | Major Field of Study: | | Minor Field of Study: | Total Semester Hours: | |
| Name: | | Location: | | | Attended From - To (MM-YY) | |
|  |  |
| Degree Awarded | Date | Major Field of Study | | Minor Field of Study | Total Semester Hours | |

| **BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING** | | | | |
| --- | --- | --- | --- | --- |
| Name | Location: | | Attended From - To (MM-YY) | |
|  |  |
| Title of Program or Subjects Taken | Total Classroom Hours | Certificate Received  □ Yes □ No | Date | |
| Name | Location: | | Attended From - To (MM-YY) | |
|  |  |
| Title of Program or Subjects Taken | Total Classroom Hours | Certificate Received  Yes  No | Date | |



| **NAME:** |  |  | | | |  |  | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Job Title:** | | | | | | | | | | |
| **EMPLOYMENT HISTORY:** List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing duties.  Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with Rivendell School and/or may be removed from a job after hire. ***If you need additional space attach a separate sheet of paper using the same format.*** | | | | | | | | | | |
| **EMPLOYER/Kind of Business** | | | | **Your Job Title:** | | | | **DATES OF EMPLOYMENT** | | |
| Address (Street, City, State, Zip Code): | | | | | | | | From: | Month | Year |
|  | |  |
| Supervisor Name: | | | Title: | | Phone: | | | To: | Month | Year |
|  | |  |
| Number Employees Supervised: | | | | | | | | Hours Per Week: | | |
| Duties: | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | |
| **EMPLOYER/Kind of Business** | | | | **Your Job Title:** | | | | **DATES OF EMPLOYMENT** | | |
| Address (Street, City, State, Zip Code): | | | | | | | | From: | Month | Year |
|  | |  |
| Supervisor Name: | | | Title: | | Phone: | | | To: | Month | Year |
|  | |  |
| Number Employees Supervised: | | | | | | | | Hours Per Week: | | |
| Duties: | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | |



| **EMPLOYER/Kind of Business** |  |  | **I** | **Your Job Title:** | **DATES OF EMPLOYMENT** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address (Street, City, State, Zip Code): | | | | | From: | Month | Year |
| I | | |
| Supervisor Name: | I | Title: | Phone: | | To: | Month | Year |
| I | | |
| Number Employees Supervised: | | | | | Hours Per Week: | | |
| Duties: | | | | | | | |
| Reason for Leaving: | | | | | | | |

| **EMPLOYER/Kind of Business** |  |  | **I** | **Your Job Title:** | | **DATES OF EMPLOYMENT** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address (Street, City, State, Zip Code): | | | | | | From: | Month | Year |
| I | | |
| Supervisor Name: | I | Title: | I | | Phone: | To: | Month | Year |
| I | | |
| Number Employees Supervised: | | | | | | Hours Per Week: | | |
| Duties: | | | | | | | | |
| Reason for Leaving: | | | | | | | | |

**GENERAL BACKGROUND INFORMATION**

**You must give complete answers to all questions.** If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its own merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? □ Yes □ No

Are you currently under charges for a criminal offense? □ Yes □ No

Have you ever forfeited a bond or collateral in connection with a criminal offense? □ Yes □ No Within the last ten years, have you been fired from any job for any reason? □ Yes □ No

Within the last ten years, have you quit a job after being notified that you would be fired? □ Yes □ No

Have you ever been professionally disciplined in any state? Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an

agency, board or commission of state government. □ Yes □ No

Are you subject to any visa or immigration status, which would prevent lawful employment? □ Yes □ No

**Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print**

**and sign your name on the sheet.**

**EMPLOYMENT QUESTIONS**

Please attach another page answering the following questions. Please limit your response to a maximum of one page.

1. Why are you interested in working at Rivendell School?
2. If applying for a teacher or education support position, what is your educational philosophy regarding the education of primary students?

| **REFERENCES:** | | | | |
| --- | --- | --- | --- | --- |
| Name: | | Business/Occupation: | | Relationship: |
| Address (Street, City, State, Zip Code): | | | | Phone: |
| Name: | | Business/Occupation: | | Relationship: |
| Address (Street, City, State, Zip Code): | | | | Phone: |
| Name: | | Business/Occupation: | | Relationship: |
| Address (Street, City, State, Zip Code): | | | | Phone: |
| **CERTIFICATION:** I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S.I understand that I may be required to verify any and all information given on this application. I further certify that I am the sole author of the essay. I understand that this completed application is the property of Rivendell School of Northern Colorado and will not be returned. I understand Rivendell School may contact prior employers and other references. I understand that I must notify Rivendell School of any changes in my name, physical or e-mail address, or phone number. | | | | |
|  | | |  | |
| Signature: | (Unsigned applications may not be considered) Date | | | |

**RELEASE AUTHORIZATION**

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Rivendell School of Northern Colorado may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all

claims that I might otherwise have against them with regard to statements made to Rivendell School.

I further authorize Rivendell School to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability, nor do I authorize inquiries which would include information related to any medical condition or medical history.

Further, I do not waive any rights which I may have under state or federal law related to my

right to challenge the disclosure of unlawful or inaccurate information, whether by Rivendell School or by entities or persons providing such information to Rivendell School, including any

and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.



**Date Signature of Candidate (in ink)**

**[Must be original]**



**Please print name**

*Rivendell School does not discriminate on the basis of race, color, religion, gender, national origin, disability, genetic information, sexual orientation or any other basis protected by federal, state or local laws in any educational program or activity sponsored by the school.*