

PLEASE TYPE OR PRINT IN BLACK INK

NAME:								
Last Name	First Name	Middle Name						
MAILING ADDRESS: Street								
City State Zip								
PHONE NUMBER:	PHONE NUMBER:							
PHONE NUMBER:								
EMAIL ADDRESS:								
V	OLUNTARY INFORMAT	ION						
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 Black or African American, not Hispanic or Latino Hispanic or Latino Hispanic or Latino Kite Hawaiian or Pacific Islander, not Hispanic or Latino Kite or Caucasian, not Hispanic or Latino								
GENDER: A Male Female X								
BIRTH DATE: Month: Day:								
COLORADO DRIVER'S LICENSE: Nu	imber	Cla	SS:					
BACKGROUND CHECK: Would you be willing to submit to a background check? Yes No								



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NAME:						b Code: ivendell use	e 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	Expiration Date: State and/or Agency and/or Organization Granting License:							
LANGUAGE P	ROFICIENCY: List	language skills, other than	English, yo	ou have and your	level of proficienc	cy (speak, r	ead, write, etc.)	
Language:			Le	evel of Proficiency:				
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. <i>If you need additional space attach a separate sheet of paper using the same format.</i>								
High School	n School Graduate:							
UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POSTGRADUATE)								
Name:			Location:			o (MM-YY)		
Degree Awarded:		Date:	Major Field of Study: Minor Field of Study:		dy:	Total Semester Hours:		
							Attended From - To (MM-YY)	
Name:			Location:					
Degree Awarded:		Date:	Major Field of Study: Minor Field of Study:			dy:	Total Semester Hours:	
Name: Location:				Attended From - T	o (MM-YY)			
Degree Awarded		Date	Major Field of Study Minor Field of Study		dy	Total Semester Hours		
BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING								
Name			Location:			Attended From - To (MM-YY)		
Title of December 2	Cubicate Takan		THUM					

Title of Program or Subjects Taken	Total Classroom Hours	Date		
		🛛 Yes 🗆 No		
Name	Location:		Attended From - 1	o (MM-YY)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received	Date	



NAME:								
Application for Job Title:								
job was held with nature of your sup Information must	T HISTORY: List your employment h a given organization, list each job held a pervisory, technical, or other responsibilit be accurate. If it is found that informatio you need additional space attach as	as a separate period of e ies as they relate to the j n provided is falsified, yo	mployment. Un ob for which you u will not be co	ider "Duties," descr u are applying. Be nsidered for a job v	ibe clearly the ta complete and sp	asks you p pecific in d	erformed a etailing dut	nd the ies.
EMPLOYER/Kind	of Business		Your Job Tit	tle:		DATE	S OF EMP	LOYMENT
Address (Street, C	City, State, Zip Code):					From:	Month	Year
Supervisor Name	:	Title:		Phone:		To:	Month	Year
I								
Number Employee	es Supervised:					Hours P	er Week:	
Reason for Leavin	g:							
EMPLOYER/Kind	of Business		Your Job Tit	lle:		DATE	S OF EMP	LOYMENT
Address (Street, C	ity, State, Zip Code):					From:	Month	Year
Supervisor Name	:	Title:		Phone:		To:	Month	Year
Number Employee	es Supervised:					Hours P	er Week:	
Duties:	1							
Reason for Leavin	g:							



EMPLOYER/Kind of Business Your Job Title:		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 F	Per Week:	
Duties:					
Reason for Leaving:					

EMPLOYER/Kind of Business	Your Job Title:		DATES OF EMPLOYM		OYMENT
Address (Street, City, State, Zip Code):			From:	Month	Year
Supervisor Name:	Title:	Phone:	To:	Month	Year
		·			
Number Employees Supervised:			Hours F	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? \Box Yes \Box No

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

Have you ever forfeited a bond or collateral in connection with a criminal offense?

Within the last ten years, have you been fired from any job for any reason? \Box Yes \Box 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. \Box Yes \Box No

Are you subject to any visa or immigration status, which would prevent lawful employment?
See 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 the any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminat 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 understant 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	y 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.