

If you served in the U.S. Armed Forces, please indicate:

Branch of Service _____ Rank at discharge _____

Date of discharge _____ Dishonorable discharge? ___Yes ___No

Describe your duties in any special training: _____

In case of an emergency, we should notify:

Name: _____ Address: _____

Phone: _____ Email: _____

Relationship _____

II. References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address and Phone	Email	Title, Employer	Years Acquainted

III. Education

	Name & Location of School	Major Subjects Studied	Years Attended	Graduated? Yes or No	Degree, Diploma, Certificate & Year Obtained
High School					
Technical School					
College or University					
Graduate School					
Other					

IV. Employment History

List all employment, beginning with your present employment. Use separate sheet if necessary.

Dates (Month and Year)	Employer's Name, Address, Phone, Email	Supervisor's Name and Title	Positions	Salary (Starting and Ending)
From: To:				
Reason for Leaving				
From: To:				
Reason for Leaving				
From: To:				
Reason for Leaving				
From: To:				
Reason for Leaving				
From: To:				
Reason for Leaving				

V. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, and how you believe they will be of value to the Hebrew Day School. (Use separate sheet if necessary.)

Office skills: Typing (wmp) _____

PC or Mac software you can operate _____

VI. Authorization and Understanding

I certify that information given in this application and related documentation is true and complete without qualification. I understand that the Hebrew Day School of Ann Arbor (HDS) may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize HDS to do so. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references from former employees that are given in response to this inquiry. I authorize all individuals, schools, and employers names, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the HDS is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the HDS.

I also understand and acknowledge that, if hired, and except to the extent provided in a written employment agreement signed by myself and the Head of School, my employment and compensation will be at the will of the HDS and can be terminated, with or without cause, and with or without notice, at any time at the option of either the HDS or myself. I further understand and agree that no representative, agent or employee of the HDS, other than the Head of School, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Head of School in order for it to be effective.

I further understand and acknowledge that, as part of the hiring process, if offered a job, and throughout my employment, I may be required to submit to medical/physical examinations (which may include tests for drugs and/or alcohol) at the HDS' discretion and expense.

This application will only be considered for a ninety calendar day period after its receipt by the Hebrew Day School of Ann Arbor. Should you wish to be considered after the expiration of this period, you must reapply.

Applicant Signature _____ **Date** _____

The Hebrew Day School of Ann Arbor complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight, and marital status, and any other characteristic of status protected under federal, state, or local law. Under the Michigan Persons with Disabilities Civil Rights Act and the federal Americans with Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue burden on the employer. A person with a disability may allege a violation against an employer regarding a failure to accommodate his or her disability under Michigan law only if the person notifies the employer in writing of the need for accommodation within 182 days after the date the person knew or reasonably should have know that an accommodation was needed.