

APPLICATION FOR EMPLOYMENT

Name:						
Address:		City	State	Zip Code		
Telephone #: Work		Cell	Home			
E-Mail	:					
Positio	on applying for:					
Please	have official trans	scripts, teaching	certificates and cr	edential files sen	t as soon as possible.	
High S	chool					
	Name :					
	Address:					
	Graduation Date	<u>:</u>				
Colleg	е					
	Name :					
	Address:					
	Degree Earned _			Major		
	Certification			Graduation	n Date	
Gradu	ate School					
	Name :					
	Address:					
	Degree Earned _			Major		
	Certification			Graduation	n Date	
Other						

EMHCS is committed to providing equal employment, opportunity to all applicants for employment without regard to race, color, religion, sex, age, national origin, disability, veteran status, marital status, sexual orientation, creed, or any other applicable protected class status.



EMPLOYMENT EXPERIENCES Please attach a Resume

Present or most recent Employer:							
Name:							
Address:							
Dates of Service:							
Supervisor's Name:							
Supervisor's Phone Number:							
Language spoken other than English:							
Are you legally eligible for employment in the United	States?						
(Proof of citizenship or immigration sta	atus will required upon employment)						
Please list two Professional references.							
Full Name: Relat	ionship:						
Company: Phor							
Address:							
Full Name: Relat	ionshin:						
Company: Phor							
Address:							
Please attach an essay describing how your professional and personal beliefs fit those of the Eugenio Maria de Hostos Charter School.							
I give permission for the EMHCS to obtain information from my previous employer and others and release all concerned from any liability therewith.							
The information I have provided in this application for employment is true, correct and complete. I understand that if employed, any misstatement or omission of facts on this application my result in my dismissal.							
I understand that this application is not a contract. If employed, I will abide by the EMHCS rules, regulations, and statements of policy.							
I understand that the EMHCS will conduct a background ch	eck (including a check for a criminal record).						
Signature:	Date:						

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