



420 GALLERIA DRIVE
JOHNSTOWN, PA 15904
(814) 262-9201

Richland Academy Employment Application

Richland Academy is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: (____) _____ Home Phone Number: (____) _____

Position(s) desired: _____

Desired salary range: \$_____ per Hour Year

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? Yes No

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes No
(If no, you may be required to provide authorization to work.)

Have you ever worked for Richland Academy before? Yes No

If yes, when? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for Richland Academy? Yes No

If yes, please list names and titles:

Can you work any shift? Yes No

Can you work overtime, including evenings and weekends? Yes No

AVAILABILITY

(If employed, notification must be provided in writing should availability change, all changes are subject to approval.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: (AM)							
To: (PM)							

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Diploma or Degree Received
High School or equivalent					
College					
Advanced Degree or Other					

Do you hold a **Child Development Associate (CDA)** credential? Yes [] No []

If yes, please attach a copy of your credential along with a transcript from your training

Do you hold a **Professional Teaching Certificate**? Yes [] No []

If yes, please attach a copy of your certification(s)

Do you hold an **AMS or AMI Certification**? Yes [] No []

If yes, please attach a copy of your certification(s) along with a transcript from your training

Do you hold a certificate from any other **Montessori Training Courses**? Yes [] No []

If yes, please attach a copy of your certificate(s) along with a transcript of your training.

Please list any additional training, memberships, etc.

EMPLOYMENT

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Use an additional sheet of paper if more space is needed.

Employer Name and Address:	Employment Start Date:
	Employment End Date:
Job Title:	Supervisor:
Duties:	
Reason for leaving?	
May we contact this employer? Yes [] No []	

Employer Name and Address:	Employment Start Date:
	Employment End Date:
Job Title:	Supervisor:
Duties:	
Reason for leaving?	
May we contact this employer? Yes [] No []	

Employer Name and Address:	Employment Start Date:
	Employment End Date:
Job Title:	Supervisor:
Duties:	
Reason for leaving?	
May we contact this employer? Yes [] No []	

REFERENCES

Please list three personal or professional references (not relatives) that we may contact.

Name:	Relation:
Phone:	Occupation:
Address:	Years Known:
City, State Zip:	

Name:	Relation:
Phone:	Occupation:
Address:	Years Known:
City, State Zip:	

Name:	Relation:
Phone:	Occupation:
Address:	Years Known:
City, State Zip:	

READ CAREFULLY BEFORE SIGNING

- I acknowledge that all Richland Academy employees must obtain an **Act 34 Criminal Background Clearance**, **Act 114 Federal Criminal History Clearance**, and an **Act 151 Child Abuse Clearance prior** to their start date of employment. I agree to provide a copy of these certifications no later than my first day of employment. I understand that these clearances must be no more than one (1) year old to be accepted and understand any associated monetary costs in obtaining these clearances are my responsibility.
- I understand that as a condition of employment with Richland Academy I may be required to submit documentation of an acceptable health assessment to perform the duties of the job in which I am offered, as well as a negative T.B. test, from a licensed medical professional. I understand this documentation must be no more than one (1) year old to be accepted and understand any associated monetary costs in obtaining a new physical and/or T.B. test are my responsibility.
- I understand that this application is not a contract or promise of employment.
- I understand that Richland Academy is an “at will” employer, meaning both I and the company may end the employment relationship at any time and for any reason, with or without notice.
- I understand that by signing this application I am attesting to the accuracy of the information I have provided in this application. I understand that providing false or misleading information on this application can result in disqualification for employment consideration or, if hired, may be grounds for termination from Richland Academy.

Signature: _____ **Date:** _____