



OJAI VALLEY SCHOOL

723 El Paseo Road
Ojai, California 93023
(805) 646-5593 - Upper School
(805) 646-1423 - Lower School

OFFICIAL USE	
Date Received	_____
Position(s)	_____
Fall	<input type="checkbox"/>
Summer	<input type="checkbox"/>

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.
Revised January 2018

COMPLETE ALL SECTIONS UNLESS STATED OTHERWISE (Please PRINT or TYPE)

PERSONAL INFORMATION

POSITION(S) APPLIED FOR: _____ DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

PHONE: () _____
(HOME)
PHONE: () _____
(WORK)
PHONE: () _____
(CELL)

E-MAIL ADDRESS: _____

If employed and you are under 18, can you furnish a work permit? Yes ___ No ___

Have you ever been employed here before? Yes ___ No ___ If Yes, give dates _____

Are you employed now? Yes ___ No ___ May we contact your employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work ___ Full Time ___ Part Time ___ Temporary

Have you, within the past four years, received an examination certificate indicating that you are free of communicable tuberculosis? Yes ___ No ___

Note: All candidates must produce or have on file with this school (or another educational institution) a Certificate of Tuberculosis Examination OR at the time of a conditional offer, candidates without prior certification must provide a certificate of examination indicating the absence of communicable tuberculosis.

NOTE: California Assembly Bill 2914 provides for the furnishing of conviction records relative to crimes involving drugs or violence in addition to sex offenses. Fingerprints and summary criminal history will be required prior to employment.

EDUCATION (Please attach copies of certificates, diplomas, and credentials earned.)

SECONDARY	
Name of School	Highest Grade Completed
Location	
Name of School	Highest Grade Completed
Location	
UNDERGRADUATE	
Name of College/University	Undergraduate Major Subject
Degree	
Name of College/University	Undergraduate Minor Subject
Degree	
GRADUATE	
Name of College/University	Credentials Held
Degree/Emphasis	
Name of College/University	
Degree/Emphasis	

PROFESSIONAL AND PERSONAL REFERENCES (two professional and one personal)

Name, Address, Phone number, Email, Company, and Title

Name, Address, Phone number, Email, Company, and Title

Name, Address, Phone number, Email, and Relationship

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title				
Supervisor				
Reason for Leaving				

CERTIFICATES HELD

EXPIRATION DATE	EXPIRATION DATE
Adult CPR	Child CPR
Standard First Aid	Lifeguard Training (Red Cross)
Wilderness First Aid	
Water Safety Instruction (WSI)	Other:

TO BE COMPLETED BY TEACHING POSITION APPLICANTS ONLY

PROFESSIONAL EXPERIENCE

Dates	School / Institution	Name & Address of Supervisor	Email
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SUBJECTS AND GRADES you are best prepared to teach (in order of preference):

ATHLETIC and EXTRACURRICULAR preferences:

Are your papers on file at an agency? Yes _____ No _____

Agency Name and Address: _____

TO BE COMPLETED BY SUMMER PROGRAM APPLICANTS ONLY

Subjects you are well prepared to teach (in order of preference): _____

Grade level you are well prepared to teach: _____

Experience in supervising children: Yes _____ No _____ (Age Group) _____ (Number of Children) _____

Dormitory supervision experience: _____

SKILLS

In the following categories, please place a (1) before those activities you have actually taught or are qualified to teach,
a (2) before those activities in which you have had experience and could assist in teaching,
and a (3) before those in which you are somewhat familiar:

ARTS & CRAFTS	SPORTS & ATHLETICS	OUTDOOR SKILLS	CAMP CRAFTS
Ceramics	Team Sports	Archery	Camp Fire Programs
Leather Work	Tennis	Backpacking	Story Telling
Drawing	Golf	Car Camping	Song Leading
Jewelry Making	Horseback Riding		Skits
Woodworking	Swimming	Challenge Course	Yearbook
VISUAL MEDIA	Diving	Fishing	OTHER
Digital Photography	Surfing	Hiking	
Video Editing	Dance	Outdoor Cooking	
Camp Newsletter	Juggling	Rock Climbing	

WHAT CONTRIBUTIONS DO YOU THINK YOU CAN MAKE TO THE SCHOOL/CAMP PROGRAM (Attach additional pages if needed)

OTHER RELEVANT INFORMATION (Attach additional pages if needed)

This School is an Equal Opportunity employer. The School does not discriminate on the basis of race, color, religion, sex, national origin, age, physical or mental impairment, or any other characteristic protected by applicable state, federal or local laws.

NOTICE TO APPLICANT

Please read the following information, placing your initials in the box as each section is read to indicate that you agree with and understand each statement. Please sign the bottom of this page.

I understand that submitting this application, the granting of an interview (if any), testing administered during the interview (if any) and information conveyed during an interview **DO NOT CREATE AN EMPLOYMENT RELATIONSHIP** between the School and me.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and that I have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, my dismissal.

I understand that, prior to my employment, the School may request and require references, a criminal records check, a motor vehicle report, and a valid tuberculosis test if this application is accepted. I also understand that any offer of employment is conditioned on the School's receipt of satisfactory responses to reference requests, and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Should I be made an offer of employment and be subsequently hired by the School, I understand that employment with the School is "at will." This means that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the School. In addition, the School retains the right to alter an employee's status at-will (e.g., job position, wages, hours, etc.) with or without cause. Further, the School may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified period of time unless the School and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes a final and fully binding integrated agreement with respect to the at-will nature of employment with the School, and that there are no oral or collateral agreements regarding this issue.

REFERENCE AUTHORIZATION: I give permission to have any statements, information and references checked by the School and/or its representatives. I authorize the references listed, as well as all other listed individuals whom the School contacts, to provide the School any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the School, as well as from the legal use or disclosure of such information by the School or any of its agents, employees, or representatives.

Signature of Applicant

Name of Applicant (please print)

Date