

DEXTER SOUTHFIELD, INC.

APPLICATION FOR EMPLOYMENT

A resume is not a substitute for this application.
Please print clearly and sign where indicated.

PLEASE RETURN TO:
Dexter Southfield, Inc.
Attn: HR/Business Office
20 Newton Street
Brookline, MA 02445

CHECK: **FULL TIME** **PART TIME** **TEMPORARY**
 FACULTY **STAFF**

POSITION DESIRED

Salary Desired	Date Available

Dexter Southfield, Inc. (the "School") is an Equal Opportunity Employer. The School offers equal employment opportunity to all applicants for employment and all employees regardless of race, color, religion, sex, pregnancy, national origin, age, physical or mental disability, genetic information, veteran status, ancestry, sexual orientation, gender identity, military service, participation in the School's group health insurance plan, receipt of free medical care, or any other characteristic protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment. If you need a reasonable accommodation to complete this application, interview for the position, or otherwise participate in the hiring process, please notify us.

PLEASE PRINT

LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP
Are you legally authorized to work in the United States? No		<input type="checkbox"/> Yes <input type="checkbox"/>	HOME TELEPHONE
If you are hired, will you be able to submit proof of the above? No		<input type="checkbox"/> Yes <input type="checkbox"/>	MOBILE TELEPHONE
Are you now or will you at any time be seeking visa sponsorship? No		<input type="checkbox"/> Yes <input type="checkbox"/>	E-MAIL ADDRESS
Are you under eighteen years of age? No		<input type="checkbox"/> Yes <input type="checkbox"/>	
How did you become aware of the position(s) for which you are applying? (Please identify individual or source.) _____			
Person to contact in an emergency:			
Name:	Relationship to You:	Telephone Number:	
Please list any relatives employed by the Schools:			
Name:	Location and Position:	Relationship to You:	

What days are you available to work? <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
What is the total number of hours you are available to work per week? _____
What hours are you available to work? _____ _____
Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Have you ever been employed by the School? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give position, dates of employment and reason for leaving: _____ _____ _____
Have you ever previously filed an application with the Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details (when and reason(s) for discharge): _____ _____ _____ _____ _____

List all of your places of employment, beginning with the most recent. You may include work performed on a volunteer basis. Please account for any time period between positions when you were not working. You may include any work performed on a volunteer basis. The School may contact any of these persons or entities to obtain an employment reference.

Name and Address of Employer: _____	Telephone: () _____ - _____
_____	Type of Business: _____
_____	Employer e-mail: _____
Employed (Month and Year): From _____ / _____ To _____ / _____	Reason for Leaving: _____
Name and Title of Immediate Supervisor: _____	Telephone: _____
	Hourly Pay/Salary Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

Name and Address of Employer:

Telephone: () _____ - _____

Type of Business: _____

Employer e-mail: _____

Employed (Month and Year):

From _____ / _____ To _____ / _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor:

Telephone:

Hourly Pay/Salary

Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

Name and Address of Employer:

Telephone: () _____ - _____

Type of Business: _____

Employer e-mail: _____

Employed (Month and Year):

From _____ / _____ To _____ / _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor:

Telephone:

Hourly Pay/Salary

Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

Name and Address of Employer: _____ Telephone: () _____ - _____
 _____ Type of Business: _____
 _____ Employer e-mail: _____

Employed (Month and Year):
 From _____ / _____ To _____ / _____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____ Telephone: _____ Hourly Pay/Salary
 Starting _____ Ending _____

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 _____ Type of Business: _____
 _____ Employer e-mail: _____

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 From _____ / _____ To _____ / _____ Reason for Leaving: _____

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 _____ Employer e-mail: _____

Employed (Month and Year):
 From _____ / _____ To _____ / _____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____ Telephone: _____ Hourly Pay/Salary
 Starting _____ Ending _____

Describe Your Job Duties and Responsibilities:

Please use additional pages, if necessary.

EDUCATION AND TRAINING

Name of School and Address	Number of Years Attended	Course of Study or Major	Did You Graduate?	Diploma/Degree and Grade Point Average
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired for employment, training or other experience, including professional licenses and/or certifications (please indicate the applicable organization, state issued, date issued and number, but *do not list a driver's license number*), and any job-related academic or professional honors.

PERSONAL AND PROFESSIONAL REFERENCES (DO NOT LIST RELATIVES)

Name, Occupation and Relationship to You	Complete Address and E-mail	Telephone Number

May we contact your present employer? Yes No

RESTRICTIVE COVENANTS AND CONFLICTS OF INTEREST

Have you signed any agreements with your current or former employers that impose any restrictions on your work for others (this includes, but is not limited to, agreements regarding confidentiality, non-disclosure, non-solicitation of students, families or employees, or non-compete agreements)?

Yes No If yes, please provide a copy of the agreement(s).

Are you currently engaged in any business activity including, but not limited to, acting as an employee (including self-employment, director or officer), consultant, agent or in any other capacity with any business that may potentially be in conflict with your duties at the School, if you are hired?

(Note: If you are employed by the School, you may not engage in any outside business activities without the express written approval of the Headmaster or Business Manager.)

Yes No If yes, please describe the nature of the business activity.

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

Yes No

Certification

I certify and affirm that the information provided in connection with the application process, including the information provided on this application for employment (“Application”) and any résumé submitted, is true, accurate, and complete and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that any omission, misrepresentation or falsification in connection with this application process may be grounds for denial of employment or, if I am hired, immediate termination of my employment, regardless of how or when discovered. I understand that failure to complete this application for employment may result in my disqualification from eligibility for employment.

I certify that I am not engaged in any outside business activities other than those listed above.

I authorize the School to investigate all information related to my Application in order to determine my qualifications for employment and I understand that such investigation may include contacting any of my former and/or current employers or any person or entity listed on this Application. I authorize all persons and entities having information relevant to my application to provide that information to the School upon request. I expressly release and agree to hold harmless the School, its employees and agents, and all the persons and entities with whom the School may discuss such reference information, from any potential claims or liabilities arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the School or if I violate any of the provisions of this Certification.

I understand that completion of this Application does not assure me of a position with the School. **I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be “at-will.”** As such, any employment relationship I may have with the School may be terminated at any time, with or without notice, for any reason or no reason, by me or the School. I understand that no representative of the School, other than the Headmaster or Business Manager, has the authority to enter into any agreement for employment with me contrary to the foregoing. I further understand that if I am hired by the School, I must abide by all rules and policies of the School which, other than the “at-will” employment policy, may be changed without notice at the sole discretion of the School.

I also understand that any offer of employment, and continued employment, are conditioned upon the satisfactory completion of a background check, including but not limited to a criminal records check and a motor vehicle records check, as determined in the sole discretion of the School.

I understand that information, data, and records provided or disclosed by or on behalf of the School or that I otherwise learn in the course of dealing with the School shall be deemed confidential and/or proprietary information. I understand that no right or license, either expressed or implied, is granted to use or disseminate any confidential and/or proprietary information. I understand that, if

hired, I may be required to sign a non-competition and/or non-disclosure agreement with the School as a condition of employment.

MASSACHUSETTS APPLICANTS: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION.

Signature: _____

Date: _____