



# Application for Employment

Herzberg Educational Services, Inc., DBA The Jones-Gordon School

**NOTE TO APPLICANT:** The following information is needed to help make the best possible employment selection. All portions of this application pertaining to you must be completed. Herzberg Educational Services, Inc. is committed to a policy of providing equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, age, gender, religion, national origin, marital status, physical or veteran status, disability, sexual orientation, gender identity, gender expression, genetic information, or any other characteristic protected by law. If an accommodation is required, it is the responsibility of the candidate to inform the Human Resources Representative. All final candidates for employment may be required to submit to and pass a drug test prior to a final offer of employment.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Available start date \_\_\_\_\_ Are you age 21 or over?  Yes  No

What type of employment are you interested in? (Check all that apply)

- Full Time Regular     Part Time Regular     Occasional ("As-Needed")     Temporary (< 6 months)

Willing to work: (Check all that apply)

- additional hours, if needed     weekends, if needed     during school breaks, if needed (for academy positions)

What days and/or hours are you unable or unwilling to work? \_\_\_\_\_

Are you a former HES/JGS employee or independent contractor?  Yes  No If yes, provide dates: \_\_\_\_\_

Are you legally eligible for employment in the U.S. without sponsorship?  Yes  No (Proof of identity & eligibility required upon employment.)

If you were referred to us, please provide the following: Individual's name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

If not referred to us, how did you learn of this employment opportunity? \_\_\_\_\_

## Areas of Interest (Check all that apply)

- Administration/Management     Lower School     Middle School     High School     Support Staff

Specific position(s) desired: \_\_\_\_\_

Subjects you are credentialed or otherwise qualified to teach: \_\_\_\_\_

Activities you are qualified to lead: \_\_\_\_\_

## Educational Background

Name and Location of School/College/University	GPA	Course of Study (Provide Major/Minor)	Graduated?	Degree/Credits Earned (Do not provide year)
			<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	



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## Certifications, Endorsements, and Licenses Verification will be completed based on the information provided.

Certificates, Endorsements or Licenses (Explain Type)	State of Issue	Issued/Award Date	Expiration Date

Have you ever been denied a teaching certificate or license, or had your teaching certificate or license suspended or revoked?

Yes  No  Not Applicable **If yes:**  Denied  Suspended  Revoked Which State(s): \_\_\_\_\_

Fingerprint Clearance Card (required IVP, if issued after 12/31/2007)

Yes  No  In Process **Card Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

List any additional relevant certifications, specialized trainings, honors/awards (Please also describe any specific academic programs with which you have experience—i.e. specialized math, phonics, reading or writing programs, if applying for a teaching position) \_\_\_\_\_

## Employment History Provide accurate and complete history starting with current/most recent (please DO NOT put "see resume").

<b>1</b>	School/Employer:	Location:	Phone:
	Dates of Employment: From: _____ (mo/yr) To: _____ (mo/yr)	Salary Start: _____ per _____ End: _____ per _____	
	Beginning Title/Position:	Ending Title/Position:	
	Name and Title of Supervisor:		
	Description of Duties: (If teaching position, list grades and subjects taught)		
	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2</b>	School/Employer:	Location:	Phone:
	Dates of Employment: From: _____ (mo/yr) To: _____ (mo/yr)	Salary Start: _____ per _____ End: _____ per _____	
	Beginning Title/Position:	Ending Title/Position:	
	Name and Title of Supervisor:		
	Description of Duties: (If teaching position, list grades and subjects taught)		
	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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<b>3</b> School/Employer:	Location:	Phone:
Dates of Employment: From: _____ (mo/yr) To: _____ (mo/yr)	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title/Position:	Ending Title/Position:	
Name and Title of Supervisor:		
Description of Duties: (If teaching position, list grades and subjects taught)		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>4</b> School/Employer:	Location:	Phone:
Dates of Employment: From: _____ (mo/yr) To: _____ (mo/yr)	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title/Position:	Ending Title/Position:	
Name and Title of Supervisor:		
Description of Duties: (If teaching position, list grades and subjects taught)		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been asked to resign or involuntarily been terminated from a job?  Yes  No If yes, please explain:

Have you encountered gaps in your employment history that are NOT due personal illness, injury or disability?  Yes  No  
If yes, please explain, but please **do not list** information pertaining to personal illness, injury or disability:

## Driving Record

Complete for driving positions only. Please be aware that teachers may be required to drive for school purposes.

Do you possess a valid, unexpired driver's license:  Yes  No State of Issue: \_\_\_\_\_

Do you have access to a vehicle to use for business purposes, if applicable to the position?  Yes  No

Is there any reason that you would not be approved as a driver when a motor vehicle record report is run?  Yes  No

Is yes, explain: \_\_\_\_\_

## Criminal Record

Have you ever been convicted of a crime(s), including misdemeanors?  Yes  No If yes, explain in full: \_\_\_\_\_

\*NOTE: The conviction of a crime does not necessarily exclude a candidate from consideration of employment.

## Professional References

List **three** references who have knowledge of your professional/teaching experience. (Only list people you want contacted. Do not list relatives or HES/JGS employees. All information is required.)

Name	Phone/Email	Occupation/Business	Relationship	How Long Known



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## Educational Philosophy

Use additional pages if necessary.

<b>1</b>	Describe your ideal classroom. What does it look like, how does it function, what systems are in place?
<b>2</b>	Describe your approach to differentiating instruction when students of various abilities are working within the same grouping.
<b>3</b>	What subjects/content areas and age groups do you believe you are most effective at teaching? Which do you most enjoy?
<b>4</b>	What type of student poses the greatest challenge for you? What would/do you do to help those students be successful?
<b>5</b>	Please detail your experience working with students who have learning and/or attention disorders.

Please submit copies of each of the following along with your application (as applicable):

- Current Résumé     
 Letters of recommendation     
 Teaching Certificate     
 Fingerprint Clearance Card

## Applicant's Authorization and Agreement

I AUTHORIZE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUTHFUL AND ACCURATE, TO THE BEST OF MY ABILITY. **Please initial** \_\_\_\_\_

IN SUBMITTING THIS APPLICATION, I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONAL ON A BACKGROUND CHECK AND THAT AN INVESTIGATIVE CONSUMER REPORT, IN ACCORDANCE WITH APPLICABLE LAW, MAY BE MADE WHEREBY INFORMATION MAY BE OBTAINED REGARDING MY CHARACTER, PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND AND CRIMINAL HISTORY. I AUTHORIZE ANYONE POSSESSING THIS INFORMATION TO FURNISH IT TO ON-TRACK ACADEMY/ON-TRACK TUTORING & FAMILY SUPPORT SERVICES, INC. (OTTA), UPON REQUEST AND I RELEASE OTTA FROM ALL LIABILITY AND DAMAGES WHATSOEVER IN FURNISHING, OBTAINING, OR USING SAID INFORMATION. I UNDERSTAND THAT UPON WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME, I CAN OBTAIN FROM OTTA WRITTEN DISCLOSURE OF THE NATURE AND SCOPE OF ANY SUCH REPORT. **Please initial** \_\_\_\_\_

I UNDERSTAND AND AGREE THAT NOTHING IN THIS APPLICATION, OR CONVEYED VERBALLY, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT-WILL" AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AT THE OPTION OF EITHER OTTA OR MYSELF. **Please initial** \_\_\_\_\_

Submitting an application does not guarantee employment of any kind.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_