



CHARLES WRIGHT ACADEMY
Faculty and Administration
Application for Employment

PLEASE RETURN TO:

Charles Wright Academy
ATTN: Human Resources
7723 Chambers Creek Rd. W.
Tacoma, WA 98467-2099
(253) 620-8300

Applicants will receive consideration for employment without regard to race, color, national origin, creed, or religion, sex, marital status, age, disability, or any other personal characteristic protected by federal, state, or local law. We encourage the employment of veterans of the United States Armed Forces and all other qualified applicants.

Applications are kept on file for a minimum of one year. You may update your application upon request. False statements or omission of requested information on this application form shall be considered sufficient cause for rejection during the hiring process. If false statements or omissions are discovered after hire, they shall be considered sufficient cause for termination of employment. Applicants will be considered at the time of receipt. If you wish to update your application or request additional consideration, you must contact the school.

Name _____ Date _____
Last First Middle

Address _____
 (Local) Street City State Zip Code

Address _____
 (Permanent) Street City State Zip Code

Phone(s) _____ Social Security Number _____

Are you authorized to work for wages in the United States? Yes No (If you answered "Yes," you will be required to present documentation showing your employment authorization and identity. If you answered "No," you are not eligible for employment with CWA.)

Have you been convicted of a criminal offense in the last 7 years? Yes No If "Yes," state nature of conviction _____

Note: A conviction does not mean automatic rejection for employment.

Referral Source: Ad _____ Current Faculty/Staff Member _____
name of publication employee's name
 Other _____

Have you ever worked for or applied at Charles Wright Academy before? Yes No When? _____

TEACHING PREFERENCE

Lower School Middle School Upper School Other _____

Indicate Subject Choices 1. _____ 2. _____ 3. _____

Present Position _____ Organization _____

Are you under contract? Yes No If "Yes," expiration date _____

EDUCATION

College/University Name _____ Location _____ Major _____ Minor _____ Degree _____

Practice Teaching (if applicable)

_____ to _____
grade and/or subject school month/year month/year

Other Education _____

Do you hold a valid Teaching Certificate? Yes No State _____ Type _____

Certification No. _____ Expiration Date _____

Endorsements _____

PROFESSIONAL ORGANIZATIONS Name professional organizations in which you do and/or expect to maintain active membership:

EXPERIENCE Chronologically list years of regularly contracted teaching or administrative experience:

Name of School	Location (City/State)	Grades or Secondary Subjects Taught	From (mo/yr)	To (mo/yr)
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Peace Corps/Military experience from _____ to _____ Total Years of Experience _____

Other experience(s) which you feel have been valuable to you professionally:

CO-CURRICULAR ACTIVITIES Please check any of the following activities in which you have experience and are willing to supervise.

<input type="checkbox"/> Band	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Outdoor Ed	<input type="checkbox"/> Tennis
<input type="checkbox"/> Baseball	<input type="checkbox"/> Debate	<input type="checkbox"/> Intramurals	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track
<input type="checkbox"/> Basketball	<input type="checkbox"/> Drama	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Community Service	<input type="checkbox"/> Football	<input type="checkbox"/> Orchestra	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Yearbook

REFERENCES List below at least three references we may contact who have first hand knowledge of your teaching ability, scholarship, and character. Include especially Headmasters, Division Principals, Department Chairs, or Principals under whom you have taught recently.

Name	Address	Position/Title & Phone Number
1.		
2.		
3.		
4.		

I understand that this employment application and any other documents submitted are not contracts of employment. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, subject only to the provisions of an employment contract in effect and the school's personnel handbook. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I understand I will be required to verify my eligibility of employment pursuant to the Immigration Reform and Control Act in the event my application is accepted. I understand that the application will be reviewed either by a selection committee or by those with a need to review the information contained on the application.

I hereby certify that the information provided on the application form is true and complete to the best of my knowledge. Any false or misleading information given in any part of this application shall be cause for rejection of application or dismissal. I consent to and authorize Charles Wright Academy to investigate all statements contained in this application. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job-related information.

Signature

Date