



Little Keswick School

Incorporated

A Therapeutic, Special Education Boarding School for Boys
www.littlekeswickschool.net

Phone: 434-295-0457
Fax: 434-977-1892

P.O. Box 24
Keswick, VA 22947

EMPLOYMENT APPLICATION

Date of application: _____ Position applied for: _____

Note: No question on this form is asked for the purpose of limiting or excluding consideration of any applicant because of race, color, sex, national origin, age, marital status, religion or status with regard to public assistance, disability or handicap. Thank you for your interest in employment with our facility.

PERSONAL DATA:

Last Name:		First Name:		Middle Name:	
Address (street):			City:		State: Zip:
Permanent Address (if other than above):			City:		State: Zip:
Home Phone:		Cell Phone:		Best time to call:	
Work Phone:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Best time to call:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible to work in the United States (current work visa, permanent residency or U.S. citizenship)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a law violation/criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				Social Security Number (optional for application; mandatory upon being hired)	

EDUCATIONAL HISTORY:

Name and address of school	Did you graduate?	Length of studies	Degree and date obtained	Major
High School:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	
College:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit hours completed: _____		
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>			

PROFESSIONAL CREDENTIALS:

License, Certification or Registration	Year Obtained	Expiration Date	State	Number

PROFESSIONAL MEMBERSHIPS:

List personal and professional organizations in which you are currently an active member:

Date of most recent CPR Training:

Date of most recent First Aid Training:

Date of most recent Therapeutic Crisis Intervention Training:

Mandt Certified: YES NO

Other relevant training (include date of most recent class):

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Please rate your experience and ability in the following areas. (Indicate if you have formal instruction or are certified to lead)	No Experience	Fair	Above Average	Excellent	Feel free to qualify or explain your rating here.
Backpacking/Outdoor Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Photography/Yearbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Sports/Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (explain fully)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT HISTORY:

Are you currently employed? Yes No

What is the average number of days missed due to illness/personal reasons during the last 3 years? ____

List recent work history, beginning with your present or most recent employer:

1) Employer:		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities :			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2) Employer:		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities :			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3) Employer:		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities :			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4) Employer:		Employer Address :	
		City & State:	
Employer phone number, with area code:		Position:	
Description of responsibilities :			
Start Date:	Stop Date:	Starting Salary: \$	Final Salary: \$
Reason for leaving:			
Name and title of immediate supervisor:		May we contact at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please explain any gaps in employment:

REFERENCES:

Three references are required, at least one of which must be a previous employer, one must be a personal (character) reference, and one must have known you within the last year.

1) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
2) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
3) Name:	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Street Address:	State, City & Zip:
E-mail or Fax:	Phone:
Name of company/institution at which you worked with this person:	
May we contact your references at this time?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read carefully and sign below:

I agree that any omission or misrepresentation of information provided by me on this application or in a personal interview shall be sufficient cause for rejection or termination of employment. I hereby grant permission for review of any of the information included on this form. I hereby authorize Little Keswick School, Inc. and/or its agents to investigate my background to determine any and all information of concern regarding my application. I release employers and persons named on this form from all liability for any damages on account of his/her furnishing said information. I understand that Little Keswick School, Inc. will disclose to me the results of references upon receipt of a written request for disclosure. I understand that proof of certification and/or licensure, as well as official transcripts and diplomas from the schools I attended may be required.

Additionally, I understand that this application will be actively considered for a period of only sixty days following the date of application.

I hereby acknowledge that I have read and understood the above and hereby certify that the facts I have provided in this employment application are true and complete.

Date: _____ Signature (do not print): _____

(If transmitting electronically, signature will be required at time of interview.)

Little Keswick School is an equal opportunity employer.

Please let us know how you heard about Little Keswick School:		
<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Ad (Where did you see the ad?) _____	<input type="checkbox"/> Other _____	

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In your own handwriting, please respond to the following questions/items:

1. Why did you choose to work with special needs children?

2. How would you help a student who is having difficulty mastering a specific skill?

3. How can you tell when he or she is being a good listener?

4. Can a teacher/counselor be overly empathetic when interacting with students?

5. Describe your experience working with special needs children;
The strengths or special skills you would bring to our program:

6. How did you hear about Little Keswick School?
