



**LOUDOUN COUNTRY DAY SCHOOL
APPLICATION FOR EMPLOYMENT**

Loudoun Country Day School ("LCDS" or the "School") is an Equal Opportunity Employer. LCDS offers equal employment opportunity to all applicants for employment and all employees without regard to race, color, religion, sex, pregnancy, childbirth or related medical conditions, marital status, sexual orientation, gender identity and expression, national origin, ancestry, age, physical or mental disability, genetic information, veteran status, military service, application for military service, or any other status 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 the School.

Application for the following position(s): _____

Date of application: _____

Applying for: ____ Full-time ____ Part-time

Last Name	First Name	Middle
Street	Apt. No	City
State	Zip	
()	()	()
Cell Phone	Home Phone	Work Phone (Optional)

E-mail address: _____

Date available to begin work: _____

Are you legally authorized to work in the United States? ____ Yes ____ No

If a job is offered, will you be able to provide verification of your legal right to work for any employer in the United States?
____ Yes ____ No

Are you under eighteen (18) years of age? ____ Yes ____ No

If "Yes," you will be required to produce work eligibility papers before commencing employment.

How were you referred to the School? _____

Have you ever been terminated, asked to resign, or not offered a contract for the following year by an employer? ____ Yes ____ No

If yes, please explain the circumstances: _____



Have you ever been the subject of an internal investigation by an employer or been disciplined by an employer (e.g., verbal or written warning, paid or unpaid suspension) due to an allegation or finding of abuse, neglect, or sexual misconduct?

☐ Yes ☐ No

If yes, please explain the circumstances: _____

Do you hold any educator licenses or certifications? ☐ Yes ☐ No

If yes, please provide the following information:

TYPE OF LICENSE/CERTIFICATION	STATE OF ISSUANCE	DATE OF ISSUANCE	DATE OF EXPIRATION

Have you ever had a professional or occupational license or certification suspended or revoked, or voluntarily surrendered such a license or certification, due to an allegation or finding of abuse, neglect, or sexual misconduct?

☐ Yes ☐ No

If yes, please explain the circumstances: _____

REFERENCES

Name	Relationship	Address	Phone
1.			
2.			
3.			
4.			



EDUCATIONAL BACKGROUND

	High School	Undergraduate College/University	Advanced Degrees	Professional Certifications
School Name and Location				
Years Completed				
Describe Course of Study				
Describe any specialized training, apprenticeship, or extracurricular activities				
Describe any CPR training, medical training, or lifeguard training or certifications				
Describe any honors you have received				

Please be advised that the School may require a copy of a transcript and/or a diploma from all schools that you have attended.

SPECIAL SKILLS AND QUALIFICATIONS

Please indicate any additional skills and qualifications you may wish us to consider (*e.g.*, music, art, foreign languages, athletics) and any possible student age groups that you would prefer to work with:



EMPLOYMENT HISTORY

Beginning with the most recent job, list your present and past employment. Work performed on a volunteer or unpaid basis may be included. The School may contact any of these persons or entities to obtain an employment reference.

Employer Name, Address, and Type of Business	From		To		Job Title	Supervisor
	Mo	Yr	Mo	Yr		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Telephone:</div> <div> <p>Describe the work you did:</p> <p>Reason(s) for leaving:</p> </div> </div>						
Employer Name, Address, and Type of Business	From		To		Job Title	Supervisor
	Mo	Yr	Mo	Yr		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Telephone:</div> <div> <p>Describe the work you did:</p> <p>Reason(s) for leaving:</p> </div> </div>						
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	Mo	Yr	Mo	Yr		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Telephone:</div> <div> <p>Describe the work you did:</p> <p>Reason(s) for leaving:</p> </div> </div>						
Employer Name, Address, and Type of Business	From		To		Job Title	Supervisor
	Mo	Yr	Mo	Yr		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Telephone:</div> <div> <p>Describe the work you did:</p> <p>Reason(s) for leaving:</p> </div> </div>						

**** If additional space is required, attach an additional sheet of paper to this application.**



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-competition)?

_____ 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, officer, consultant, or 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 that would interfere with your performance or present a conflict of interest. Outside employment will present a conflict of interest if it has, or potentially has, an adverse impact on the School.)

_____ 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 FOR 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 all information provided in connection with the application process, including the information provided on this application for employment ("Application") and any resume 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 the application and/or hiring 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 may result in my disqualification from eligibility for employment.

I authorize LCDS 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 person or entity listed on this Application and/or any of my former and/or current employers and other relevant individuals and entities. I authorize all persons and entities having information relevant to my Application to provide any and all information to the School, on their own initiative and/or at the request of the School. I expressly release and agree to hold harmless the School, its employees, agents, attorneys, and all the persons and entities with whom the School may discuss, review, or share such reference information, from any actual and potential claims or liabilities arising



out of or as a result of the request for, provision of, or use of any and all information regarding me. I understand that any offer of employment may be rescinded, or my employment terminated, if any information regarding me is 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 Head of School (or the Head of School’s designee), 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 as determined by 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 offender record information check, a fingerprint-based criminal history record information check, and a sex offender registration information check, as determined by the School and in accordance with applicable law.

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 HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature: _____

Date: _____

Printed Name: _____



ADDENDUM TO APPLICATION FOR EMPLOYMENT

(Please print clearly and sign where indicated)

POSITION DESIRED

Date of Interview

Loudoun Country Day School ("LCDS" or the "School") is an Equal Opportunity Employer. LCDS offers equal employment opportunity to all applicants for employment and all employees without regard to race, color, religion, sex, pregnancy, childbirth or related medical conditions, marital status, sexual orientation, gender identity and expression, national origin, ancestry, age, physical or mental disability, genetic information, veteran status, military service, application for military service, or any other status 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
HOME PHONE	MOBILE PHONE	E-MAIL ADDRESS

CRIMINAL HISTORY

Under Virginia Code Ann. § 19.2-392.15, applicants for employment are not required to disclose information concerning an arrest, charge, or conviction that has been sealed. In addition, an applicant may answer "no record" with respect to sealed records. Additionally, applicants for employment do not need to disclose information concerning an arrest, criminal charge, or conviction for first-time misdemeanor marijuana offenses under § 18.2-248.1 (selling, gifting, distributing or possessing marijuana with the intent to sell, give or distribute marijuana), including any violation that was deferred and dismissed pursuant to § 18.2-251.

Please answer the following:

1. Have you been convicted of a misdemeanor within the past three (3) years in any jurisdiction (other than a first conviction) for any of the following misdemeanors: public intoxication, marijuana violation, simple assault, speeding, minor traffic violations, and/or disturbance of the peace)?
☐ Yes ☐ No
2. Have you completed a period of incarceration within the past three (3) years in any jurisdiction (other than a first conviction) for any of the following misdemeanors: public intoxication, marijuana violation, simple assault, speeding, minor traffic violations, and/or disturbance of the peace)?
☐ Yes ☐ No



3. Have you ever been convicted of a felony in any jurisdiction, including a plea of guilty or *nolo contendere*?

☐ Yes ☐ No

If the answer to questions (1), (2), and/or (3) is yes, please explain the nature of the offense(s), the date and place of conviction, and disposition. **** If additional space is required, attach an additional sheet of paper to this application.**

The School reserves the right not to extend an offer of employment due to a conviction; however, a conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by law. Factors such as the nature and gravity of the offense, the time that has passed since the conviction and/or completion of the sentence, and the nature of the job for which you are being considered will be taken into consideration.

CERTIFICATION

(Please read carefully before signing.)

I certify and affirm that the information provided on this Addendum to Application for Employment ("Addendum") is true, accurate, and complete, and that I have not withheld any information that would, if disclosed, affect the Application for Employment unfavorably. I understand that any omission, misrepresentation, or falsification in connection with this Addendum, regardless of when or how discovered, may be grounds for denial of employment or, if I am hired, immediate termination of my employment.

I 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 offender record information check, a fingerprint-based criminal history record information check, and a sex offender registration information check, as determined by the School and in accordance with applicable law.

I understand that completion of this Addendum does not assure me of a position with the School. I also understand that neither this Addendum 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," meaning that either the School or I may terminate the employment relationship at any time, with or without notice, for any reason or no reason. I understand that no representative of the School, other than the Head of School (or the Head of School's designee), has the authority to enter into any agreement for employment with me contrary to the foregoing.

I certify that the foregoing is true and correct to the best of my knowledge and recollection.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION:

Applicant's Signature

Date

Print Name