



Your Name:

Instructional Staff Application (Page 2 of 6)

Position Preferences

For what position are you applying?

Available Start Date: / /

Education and Professional Training

College/University

School Name:

City and State:

Degree or # of years completed:

Major or Subject:

Grade Point Average:

Please list additional colleges/universities attended on separate page

Graduate School

School Name:

City and State:

Degree or # of years completed:

Major or Subject:

Grade Point Average:

Please list additional colleges/universities attended on separate page

Professional Affiliations

Please list Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Professional References

Name	Title	Company	Phone	Professional Relationship
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Your Name:

Instructional Staff Application (Page 3 of 6)

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work. Continue on separate sheet as necessary.

Current Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Held/Title:

Reasons for Leaving:

Dates of Employment: From: / / To: / /

May We Contact this Employer: Yes: No:

Salary: Beginning: End:

Previous Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Held/Title:

Reasons for Leaving:

Dates of Employment: From: / / To: / /

May We Contact this Employer: Yes: No:

Salary: Beginning: End:

Previous Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Held/Title:

Reasons for Leaving:

Dates of Employment: From: / / To: / /

May We Contact this Employer: Yes: No:

Salary: Beginning: End:

Previous Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Held/Title:

Reasons for Leaving:

Dates of Employment: From: / / To: / /

May We Contact this Employer: Yes: No:

Salary: Beginning: End:

Previous Employer:

City and State:

Telephone Number:

Supervisor's Name and Title:

Position Held/Title:

Reasons for Leaving:

Dates of Employment: From: / / To: / /

May We Contact this Employer: Yes: No:

Salary: Beginning: End:



Your Name:

Instructional Staff Application (Page 5 of 6)

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the school and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

Signature of Applicant

Date

All hiring and employment is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Mosaica Education has no specific term and may be terminated by the employee or by the school with or without notice. I acknowledge that the school administration has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the school, and that failure to provide this evidence will result in the termination of my employment.

I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the school. I agree to release and hold harmless the school from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the school may be terminated.

Signature of Applicant

Date

How were you referred to Mosaica Education? Please circle the number of the most appropriate response.

- College or University Recruiter or Agency Employee Referral Advertisement Walk-in
- Other Referral:



**EEO VOLUNTARY COMPLIANCE
INFORMATION FLOW
FOR HUMAN RESOURCES DEPARTMENT USE ONLY
TO BE COMPLETED AND SIGNED BY APPLICANT**

Keep this applicant release in secure files separate from personnel records.

Mosaica Education, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER. In order to help us improve our recruiting programs and comply with Federal and State governmental information requests, we must ask the questions below. Information about date of birth, sex, race and veteran status is not used in the selection process. This page will be detached and kept separate from your application. You are *not required* to provide this information. If you choose not to provide this information, your decision will not affect your application. Thank you for your cooperation.

1. Name: _____
2. Date of Birth: / /
3. Sex: Male Female
4. Veteran Status: Not a Veteran Vietnam Era Veteran
 Disabled Veteran Other Veteran
5. Ethnic Classification: Black (Not of Hispanic origin) Asian or Pacific Islander
 Hispanic American Indian or Alaskan Native
 White (Not of Hispanic origin)
6. Signed: _____ Date: _____ / _____ / _____

Reasonable Accommodation

Under the Americans with Disabilities Act of 1991, an employer is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment test, interviews and actual employment, but only if the employer knows that accommodation is required. If you are disabled and require accommodation, you may request it at any time. However, some types of accommodation may require some preparation before they can be provided. Therefore, we suggest that you make such requests as early as possible by contacting