



**Keswick
SCHOOL**
EST. 1963

EMPLOYMENT APPLICATION

A Therapeutic Boarding School for Boys

www.keswickschool.org | P.O. Box 24 Keswick, VA 22947

P 434-295-0457 | F 434-977-1892

Keswick School does not discriminate against employees or applicants for employment based upon race, color, religion, sex, national origin, age, or disability. The company will make any reasonable effort to ensure that all applicants and employees will receive equal opportunity in personnel matters, including recruiting, selection, training, placement, promotion, wages and benefits, transfers, terminations, and working conditions.

Position Applied for: _____ How did you hear about this position? _____

PERSONAL INFORMATION

Last Name:		First and Middle Names:		Preferred Name:	
Street Address:		City:		State:	Zip:
Permanent Street Address (if different than above):		City:		State:	Zip:
Phone Number:				Best time to call:	
Work Phone:		May we contact you at work? ☐ Yes ☐ No		Best time to call:	
Email Address:			Are you 20 years of age or older? ☐ Yes ☐ No		
Are you eligible to work in the United States (current work visa, permanent residency, or U.S. citizenship)?			☐ Yes ☐ No		
Have you ever been convicted of a law violation/criminal offense? ☐ Yes ☐ No If yes, please explain:					

EDUCATIONAL HISTORY

Name and City/State of School	Years Completed	Degree and Date Obtained	Major
High School:	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ GED ☐ Diploma	
College:	☐ 1 ☐ 2 ☐ 3 ☐ 4		
Graduate School:	Credit Hours Completed:		
Other:			

PROFESSIONAL CREDENTIALS

License, Certification, or Registration	Year Obtained	Expiration Date	State	Number

PROFESSIONAL MEMBERSHIPS & SKILLS

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

CPR/First Aid Certified:

☐ Yes☐ No

Mandt Certified:

☐ Yes☐ No

Date of most recent certification:

Date of most recent certification:

Are you or have you been trained and certified in a crisis intervention system?

☐ Yes☐ No

Date of most recent certification:

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

Rate your experience in the following areas. Indicate if you have formal instruction or are certified to lead.	No Experience	Fair	Above Average	Excellent	Qualify or explain your rating.
Backpacking/Outdoor Leadership	☐	☐	☐	☐	
Horseback Riding	☐	☐	☐	☐	
Technology	☐	☐	☐	☐	
Photography/Yearbook	☐	☐	☐	☐	
Music	☐	☐	☐	☐	
Woodworking	☐	☐	☐	☐	
Water Sports/Swimming	☐	☐	☐	☐	
Other (please explain)	☐	☐	☐	☐	

EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No		What is the average number of days per year missed due to illness/personal reasons during the last three years?	
List recent work history, beginning with your present or most recent employer.			
Employer:		Employer Address:	
Employer Phone Number (<i>with area code</i>):		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? ☐ Yes ☐ No	

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Employer Phone Number (<i>with area code</i>):		Position:	
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Name and title of immediate supervisor:		May we contact at this time? ☐ Yes ☐ No	

Please explain any gaps in employment:			
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REFERENCES

Three references are required, at least one of which must be a previous employer, one must be a character reference, and one must have known you within the last year.			
Name:	Relationship: ☐ Previous Employee ☐ Character Reference ☐ Known for one + years		
Street Address:	City:	State:	Zip:
Email Address:		Phone:	
Name of company/institution at which you worked with this person:			

Name:	Relationship: ☐ Previous Employee ☐ Character Reference ☐ Known for one + years		
Street Address:	City:	State:	Zip:
Email Address:		Phone:	
Name of company/institution at which you worked with this person:			

Name:	Relationship: ☐ Previous Employee ☐ Character Reference ☐ Known for one + years		
Street Address:	City:	State:	Zip:
Email Address:		Phone:	
Name of company/institution at which you worked with this person:			

May we contact your references at this time? ☐ Yes ☐ No
If "no" please explain the reason why:

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 Keswick School, LLC. 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 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.)

Keswick School is an equal opportunity employer.

Please respond to the following questions.

1. What do you feel children with special needs require from their environments and their staff to grow and succeed?

2. What strengths do you bring to working with children with special needs?

3. What is a recent achievement or success you have experienced, and what did you do to realize that success?

4. What is a recent challenge you faced, and how did you adapt to or overcome it?

5. Why do you want to work with children with special needs, and, more specifically, to work at Keswick School?