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**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first.

Date Month and Year	Name & Address of Employer	Salary (Upon leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

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**REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Position	Years Acquainted
1				
2				
3				

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**AUTHORIZATION**

I certify that the facts contained in this application ( and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statements, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Riverside Public School.

I understand that the School may conduct a background check. I authorize the school to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the School, without giving me prior notice of such disclosure. In addition, I release the School, any former employers and all references listed above from any and all claims, demands or liabilities arising out of, or related to, such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the School. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the School unless made in writing.**

If I am offered employment, I agree to submit to a medical examination and drug test (if required for the position) before starting work, if employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the School and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to the School the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the School's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the School to hire. If hired, I agree to abide by all School rules, policies and procedures. The School retains the right to revise its policies or procedures, in whole or in part, at any time.

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Date

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Signature