***GENERAL INFORMATION***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
|  | First |  | Middle |  | Last |
| Home Address  |  |
| City, State, Zip Code |  |
| Work Phone |  |
| Home Phone  |  |
| Cell Phone |  |
| Email Address |  |

***EMERGENCY CONTACT***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
|  | First |  | Middle |  | Last |
| Home Address  |  |
| City, State, Zip Code |  |
| Work Phone |  |
| Home Phone  |  |
| Cell Phone |  |
| Email Address |  |

***EDUCATION***

|  |  |
| --- | --- |
| Highest Level of Education  |  |

***CREDENTIALS (if applicable – please submit)***

|  |  |
| --- | --- |
| Previous name(s) used (if any) |  |

***AVAILABILITY***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Monday*** | ***Tuesday*** | ***Wednesday*** | ***Thursday*** | ***Friday*** |
|  |  |  |  |  |

***EMPLOYMENT***

|  |  |
| --- | --- |
| Current Employer |  |
| Address  |  |
| City, State, Zip Code |  |
| Position/Title  |  |
| Dates of Employment  |  |  |  |
|  | Start Date |  | End Date |
| Previous Employer |  |
| Address  |  |
| City, State, Zip Code |  |
| Position/Title  |  |
| Dates of Employment  |  |  |  |
|  | Start Date |  | End Date |
| Previous Employer |  |
| Address  |  |
| City, State, Zip Code |  |
| Position/Title  |  |
| Dates of Employment  |  |  |  |
|  | Start Date |  | End Date |

***I9 DOCUMENTATION***

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C ***(see attached list).***

Are you authorized to work in the United States (if so, please attach documentation) No  Yes 

Each applicant will be required to complete a background check every two years.

Each applicant must submit tuberculosis test results every two years (list of facilities attached).

Please describe your prior experience (include organization names and dates of service)

|  |
| --- |
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|  |

Why do you want to volunteer? [Or what do you want to gain from this volunteer experience?]

|  |
| --- |
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|  |
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|  |

Have you ever been convicted of or plead guilty to any crimes involving or against a minor? If yes, please describe the nature of the crime and the date of the conviction and disposition.

|  |
| --- |
|  |
|  |
|  |
|  |

***REFERENCES***

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Organization** | **Relationship to You** | **Length of Relationship** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Please read the following carefully before signing this application:***

**Our Policy**

It is the policy of The Next Step Public Charter School to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in working with us.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, contractor, substitute or tutor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |  |
| --- | --- | --- |
| Signature  |  | Date |
|  |  |  |
|  |  |  |
| HR Department |  | Date |
|  |  |  |
|  |  |  |
|  |  |  |
| Hiring Representative |  | Date |

TB Instructions

Please read entire document and initial below to confirm understanding of the school's expectation for TB clearance. We require all employees to provide evidence of a tuberculosis skin test within the preceding six months of the date of hire. Please submit your test results to the school's HR representative. If the TST is positive, the employee will need to obtain a chest x-ray for further evaluation. Freedom from tuberculosis in communicable form is a condition of employment. Please see the list below of clinics that perform TSTs or you may obtain the test from your medical provider.

**MARC LLC**

3120 Georgia Avenue, NW

Washington, DC

M-F 7:00 A.M. – 3:00 P.M.

Saturday: 7:00 A.M. – 11:00 A.M.

Phone: 202-722-0122

Cost: $20 (Cash or money order only)

**Northside Medical**

4121 Minnesota Ave NE

Washington, DC 20019

M-W, F 9:00 A.M. – 3:00 P.M.

[Phone](https://www.google.com/search?rlz=1C1CHWA_enUS627US627&site=async/lcl_akp&q=northside+medical+services+phone&sa=X&ved=2ahUKEwib-7nQ0O_bAhUQwlkKHXEJDeYQ6BMwBXoECAEQHw):(202) 388-6000

Cost: $25

**CVS Minute Clinics**

District of Columbia

845 Bladensburg Rd NE

Washington, DC 20002

M-F 8:30 A.M. – 7:30 P.M.

Sat 9:00 A.M. – 5:30 P.M.

Sun 10:00 A.M. – 5:30 P.M.

Phone: (202) 397-2600

Cost: $28 for test; $28 for reading

Bethesda

7809 Wisconsin Ave

Bethesda, MD 20814

M-F 8:30 A.M. – 7:30 P.M.

Sat 9:00 A.M. – 5:30 P.M.

Sun 10:00 A.M. 5:30 P.M.

[Phone](https://www.google.com/search?rlz=1C1CHWA_enUS627US627&site=async/lcl_akp&q=minuteclinic+cvs+phone&sa=X&ved=2ahUKEwiXw4jt0e_bAhXhwVkKHdSHBoEQ6BMwBnoECAEQIQ)**:** (301) 986-9144

Cost: $28 for test; $28 for reading

Lyons Village Shopping Center

3133 Lee Hwy

Arlington, VA 22201

M-F 9:00 A.M. – 8:00 P.M.

Sat 9:00 A.M. – 5:30 P.M.

Sun 10:00 A.M. 5:00 P.M.

Phone: (703) 522-0260

Cost: $28 for test; $28 for readingSeveral other CVS Minute Clinics offer this service; you may search their site: <https://www.cvs.com/minuteclinic/services/wellness-and-physicals/tb-testing/N-d8Zbto4Zd5> to determine if there is a location more conveniently located for you.

Patients must be able to return within 48 to 72 hours of their initial visit to have the tuberculin skin test (TST) assessed. The test will not be administered if this requirement cannot be met.

The U.S. Department of Homeland Security’s employment eligibility process requires that employees must present, to their employer, evidence of identity and employment eligibility within three business days of the date employment begins.

You may provide a document from List A which establishes both identity and employment eligibility or you may provide a document from List B ***(establishing your identity)*** and a document from List C ***(establishing your employment eligibility).***

**List A Documents**

Documents which establish both identity and eligibility:

* U.S. Passport or U.S. Passport Card
* Permanent resident card or alien registration receipt card (a "green card") [(Form I-551)](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiW_Z-mqpvMAhWLOCYKHeIwCwUQFggdMAA&url=https%3A%2F%2Fwww.usimmigrationsupport.org%2Fform-i-551-greencard.html&usg=AFQjCNFp0aUhQ4MX-K_yPSaYqXqLcYgv1g&sig2=40PxiAx2Xvu2DNwqg3MeeQ)
* Foreign passport containing a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
* In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
* Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or I-94A indicating nonimmigrant admissions under the Compact of Free Association Between the United States and the FSM or RMI

**List B Documents**

Documents which establish identity ***(must be used in conjunction with a List C document):***

* Driver's license or ID card issued by a U.S. state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
* ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
* School ID with a photograph
* Voter's registration card
* U.S. Military card or draft record
* Military dependent's ID card
* U.S. Coast Guard Merchant Marine Card
* Native American tribal document
* Driver's license issued by a Canadian government authority
* For persons under age 18 who are unable to present a document listed above: a school record or report card; clinic, doctor, or hospital record; day care or nursery school record.

**List C Documents**

Documents which establish employment authorization ***(must be used with a document from List B):***

* Social Security Account Number card other than one that species on the face that the issuance of the card does not authorize employment in the U.S.
* Certification of Birth Abroad issued by the Department of State (Form FS-545)
* Certification of Report of Birth issued by the Department of State (Form DS-1350)
* Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the U.S. bearing an official seal
* Native American tribal document
* U.S. Citizen ID card (Form I-197)
* Identification Card for Use of Resident Citizen in the U.S. (Form I-179)
* Employment authorization document issued by the Department of Homeland Security.