



St. Thomas Episcopal School

Application for Employment

Personal Information:

Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

How long have you been at your present address?: _____

If less than 3 years, what was your previous address?: _____

Have you ever applied for employment with us? When?: _____

Have you ever been convicted of a felony? YES NO If yes, state date(s) and explain. _____

Position applying for: _____ When could you start? _____

Are you available: FULL TIME PART TIME Pay expected: _____

As part of your application, we will run a background check through the state and depending on which position you are applying for, will require an FBI fingerprint check as well. We are requesting the following information to run these checks and will keep a copy of your information and ID's in a confidential file in the School Office.

Driver's License #: _____ State of issue: _____ SS# _____

Education:

Do you have a teaching certificate? YES NO If yes, what state(s)? _____

School	Name and Location	Study Course	Did you graduate?	Degree or Diploma
Graduate:				
College:				
High School:				

Military:

Did you serve in the Military?	Date Entered and Date Discharged	Branch	Final Rank	Active Reserve Member?



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Personal References:

Name	Contact Number	Occupation
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1. _____
2. _____
3. _____

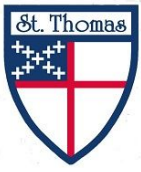
Employment:

Please provide your resume. If you do not have one with you, please fill out the following:

Please give an accurate, complete full-time and part-time employment record. Start with your present and most recent employer.

Company Name:	Telephone #:
Address:	Employed (Month & Year) From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ Last: _____
Job Title and Responsibilities:	Reason for Leaving:

Company Name:	Telephone #:
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Address:	Employed (Month & Year) From: _____ To: _____
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Job Title and Responsibilities:	Reason for Leaving:

Company Name:	Telephone #:
Address:	Employed (Month & Year) From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ Last: _____
Job Title and Responsibilities:	Reason for Leaving:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in rejection of this application or my dismissal if discovered after my employment. I authorize St. Thomas Episcopal Church and School (“the employer”) to request from each of my former employers and/or person, firm or corporation identified in this application as an employer or reference, information regarding me and my former employment, and I authorize such former employers and/or others to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character, or skill that may be sought in connection with this application. I expressly release them from any and all liability in furnishing response to these inquiries.

Signature: _____ Date: _____