



## **EMPLOYMENT APPLICATION**

We appreciate your interest in St. John's Episcopal School. We invite you to complete and submit the application below to be considered for employment.

### **APPLICANT'S NAME AND ADDRESS**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If hired, can you provide proof of identity and legal authorization to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other name(s) you have used: \_\_\_\_\_

Names of friends or relatives employed at St. John's: \_\_\_\_\_

Have you ever applied for a position at St. John's? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the date and position you applied for:

\_\_\_\_\_

Have you ever been employed at St. John's? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates of employment and position(s) held:

\_\_\_\_\_

Have you ever been convicted of a crime, felony, or misdemeanor; or are you out on bail or on your own recognizance pending trial for such offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

[A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court. You may exclude a conviction of possession of marijuana, if the conviction occurred more than two years ago. (Cal. Labor Code, Sec. 432.8) You may exclude those convictions that have been judicially sealed, expunged or statutorily eradicated. You may also exclude a misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.]

If yes, state location, date, and description. (A conviction will not necessarily disqualify you from employment.):

\_\_\_\_\_



## **EMPLOYMENT INTERESTS**

### **Position Applying For**

Are you seeking full or part-time employment? (check one): \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_

How were you referred to St. John's? \_\_\_\_\_ Name of referral: \_\_\_\_\_

Have you ever been terminated or asked to resign? If yes, please explain. \_\_\_\_\_ Yes \_\_\_\_\_ No

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## **EDUCATION & TRAINING**

<b>Name &amp; Address of School</b>	<b>Major</b>	<b>Did you graduate?</b>	<b>Degree/Diploma</b>
High School:			
University or College:			
University or College:			
Other:			

Professional Certificates or Licenses Held:

Are you taking any educational or training courses presently? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what courses and where?



## **EMPLOYMENT HISTORY**

Please give your complete employment history by listing your current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comment for each period. Also, include part-time or summer work. If necessary, you may make copies of this page or use the reverse side, following the same format.

- 1) Employer \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No
  
- 2) Employer \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No
  
- 3) Employer \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No
  
- 4) Employer \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No
  
- 5) Employer \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No



Have you already signed a contract for next year with any other school? \_\_\_\_ Yes \_\_\_\_ No

In the space below, provide any additional information you feel will assist us in evaluating your qualifications for employment, including technical training and education, community affiliations, memberships, and scholastic awards, honor, or special skills.

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### **PROFESSIONAL REFERENCES**

List people we may contact who are qualified to evaluate your capabilities. Do not include family members or friends.

1) Name: \_\_\_\_\_ Relationship/Job Title \_\_\_\_\_

Years Known \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship/Job Title \_\_\_\_\_

Years Known \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship/Job Title \_\_\_\_\_

Years Known \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship/Job Title \_\_\_\_\_

Years Known \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



## **APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENT**

I hereby certify that all of the above information is true and complete; I understand that any misrepresentation, falsification, or omission of information may result in the denial of employment or, if I am hired, may result in my immediate dismissal, regardless of the time elapsed before discovery. If I am dismissed under these circumstances, I further understand that I will be paid and receive benefits only through the day of termination.

I authorize St. John's Episcopal School to investigate references, work records, evaluations, education, and other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the School any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release St. John's Episcopal School, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to the School.

Since I will be working with children, I understand that I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to cooperate fully in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize St. John's Episcopal School to conduct a criminal records check.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I understand that any offer of employment regarding certain job positions may depend on satisfactory completion of a medical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol testing should St. John's Episcopal School make my offer of employment contingent upon successful completion of such examination or testing.

I acknowledge that I have read all of the above statements and that I understand them.

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Signature of Applicant

Date