

PROFESSIONAL EMPLOYMENT APPLICATION CHECK LIST

- COMPLETE AND SIGN APPLICATION
- SIGN NOTICE AND DISCLOSURE FORM
- SIGN RELEASE AUTHORIZATION FORM
- INCLUDE OFFICIAL TRANSCRIPTS IF APPLICABLE
- INCLUDE FORMAL LETTERS OF REFERENCE IF APPLICABLE

After reading "A Summary of Your Rights Under the Fair Credit Act", please sign by hand the candidate release authorization and the Candidate Disclosure/Authorization.

You may return this application in person or by mail to:

Human Resources
St. Francis Day School
9375 Willeo Road
Roswell, GA 30075

Or you may email it to humanresources@sfschools.net



ST. FRANCIS SCHOOL

Professional Application for Employment



Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, marital status or handicap.

Date: _____ Position Applying For: _____

Name: _____ SS # _____

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Highest Grade Completed _____ School _____ Email: _____

List all previous addresses for the past 3 years:

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Address: _____ Yrs.: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employment History (beginning with most recent). Be sure to account for all periods of time, including unemployment or military service.

Name of School or Business: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dates Employed-From: _____ to: _____ Supervisor: _____

Position Held: _____ Salary Start: _____ End: _____

Reason for Leaving: _____

Name of School or Business: _____
Address: _____
City: _____ State: ____ Zip: _____ Phone: _____
Dates Employed-From: _____ to: _____ Supervisor: _____
Position Held: _____ Salary Start: _____ End: _____
Reason for Leaving: _____

Name of School or Business: _____
Address: _____
City: _____ State: ____ Zip: _____ Phone: _____
Dates Employed-From: _____ to: _____ Supervisor: _____
Position Held: _____ Salary Start: _____ End: _____
Reason for Leaving: _____

*If you resigned a position during the school year, please state the reason. If your professional contract was not renewed for the following year, please state the reason why. _____

How many days of work have you missed during the past year? _____ Five Years? _____
Have you ever received an unsatisfactory performance evaluation from an employer? _____
Have you ever been terminated or asked to resign? _____
Have you ever had your teaching contract not renewed? _____
If yes, explain _____

Have you ever been charged with a violation of any Federal, State, County or Municipal law, regulation or ordinance? (Please note: this includes any nolo contendere pleas.) Disregard events before your eighteenth birthday and minor traffic violations. _____
If yes, explain below, including dates, offense, disposition and current status: _____

Do you have any commitments to any other employer, which may effect your employment? _____

If yes to any of the above questions, please explain below including dates and current status.

Are you able to monitor recess and/or student lunch activities, drive a mini bus, or act as a chaperone on overnight field trips or sport trips with or without reasonable accommodations? _____ If no, please explain:

**The following pages are to be completed by teaching or administration applicants only.*

EDUCATION (Starting with High School)

Name of School	City	State	Date of Graduation	Credit or Degree	Dates Attended	Major Subject	Minor Subject

PROFESSIONAL PREPARATION: Official transcripts must be provided by the applicant.

STUDENT TEACHING : Name and address of supervising teacher: _____

From	To	School	Location City, State	Grade and/or Subject

CERTIFICATION INFORMATION

If you hold a valid Georgia Teaching Certificate, please complete the following:

Type	Number	Degree Level	Expiration Date	Area(s)

Type	Number	Degree Level	Expiration Date	Area(s)

Do you hold a valid teaching certificate from another state?_____ which state? _____

If you do not hold a valid Georgia Teaching Certificate, have you applied for one?_____

If yes, provide date of application _____

Have you taken the Georgia Teacher Certification Test in your field of study?_____

If yes, provide date: _____ Did you pass? _____

Enclose a copy of the score report.

POSITION DESIRED

List grades or subject you are certified to teach in order of preference:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

Please list college or university educational placement bureau where your credentials are on file:

What special honors or distinctions did you receive in college?_____

List sports or activities in which you were involved:_____

Describe any traveling you have done which would enhance your teaching effectiveness in the subject or grades for which you are applying:_____

To what educational or professional organizations do you belong?_____

EXTRACURRICULAR ACTIVITIES: Check areas where you are qualified and willing to accept as an additional assignment:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Language arts | <u>Coaching:</u>
<input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Business | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music (Instrumental) | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Music (Choral) | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Science | <input type="checkbox"/> Special Education | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross Country |
| | | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other |

In your own handwriting in the space provided below, write a paragraph explaining your interest in working for St. Francis School. _____

Application Information:

To be considered an applicant, you must complete the application form and provide three references and copies of your transcripts and teaching certificates.

If you are an experienced teacher, your list of references must include your most recent and immediate supervisor (principal, assistant principal, superintendent, etc.). If you have never taught, your list of references must be as follows: one from your directing teacher of student teaching; one from your college supervisor of student teachers; and one from the university or college professor, supervisor, or dean. If, for any reason, you are unable to follow the above instructions regarding your three references, substitute as best you can. References are not acceptable from fellow teachers, friends, etc.

NAME	SCHOOL	POSITION	PHONE #	EMAIL ADDRESS

ALL APPLICANTS PLEASE READ CAREFULLY BEFORE SIGNING:

Certification:

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for refusal of my employment by St. Francis School and may result in termination if discovered after my employment has commenced. I understand and agree that all information furnished in this application may be verified by St. Francis School. I also understand that my employment is subject to receipt of satisfactory references.

Please note-any contractual agreement with St. Francis School is not considered finalized until the candidate has:

- fully completed all application documents
- signed all release of information and outside investigation forms (attached to this application)
 - a) Disclosure to applicant regarding procurement of Consumer Report
 - b) Consumer Report Release Authorization
 - c) Criminal History Consent Form
- submitted transcripts and copies of certification or licensure (where applicable)

Applicant's Signature _____ Date _____

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at the St. Francis Schools, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the St. Francis Schools or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the St. Francis Schools. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

LAST	FIRST	MIDDLE
------	-------	--------

Please print other names you have used

Home Address

City	State	Zip Code
------	-------	----------

Social Security Number

Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female

Race: Asian Black/African American Hispanic/Latino White Other

Driver's License Number

State Issuing License

Name as it appears on license

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

Signature

Today's Date

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Candidate Disclosure / Authorization Regarding Procurement of Consumer Reports

_____ (the “Company”) will order a consumer report and/or investigative consumer report (“background check report”) on you in connection with your application for employment, or if you are already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency (“Consumer Reporting Agency”) that will prepare the report is ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, telephone 800-367-5933. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to, the following information: social security number validation; criminal, public, educational and, as appropriate, driving records; employment history and earnings history; military service; credit reports, licensing and certification checks, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency below and its agents.

I agree that a facsimile or photocopy of this form is valid just like the original form.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant’s Name: _____
(Please Print)

Applicant’s Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

For Identification Purposes Only: Date of Birth: _____

Give copy with State Law Notices, Summary of Rights and Release Authorization documents to applicant. Retain a copy for your files.

For residents of, or for jobs located in, California, Minnesota, Massachusetts, New York and Oklahoma: You may request a free copy of any background check report by checking the box below.

I request a free copy of the report.

STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, N.Y. or Washington State, note:

CALIFORNIA: You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address and telephone number of the nearest office for the Consumer Reporting Agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

MASSACHUSETTS: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

NEW YORK: If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy of the report by contacting the Consumer Reporting Agency.

WASHINGTON STATE: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051