

**ALL SAINTS' EPISCOPAL SCHOOL OF FORT WORTH
EMPLOYMENT APPLICATION**

PLEASE READ BEFORE COMPLETING THIS APPLICATION

All Saints' Episcopal School of Fort Worth is an equal-opportunity employer. All employment decisions are made without regard to race, color, religion, gender, veteran or marital status, age, national origin, or, in the case of a qualified individual with a disability (as defined by applicable law) without regard to the disability. All Saints' policy of equal employment applies to all phases of the employment relationship, including recruitment, advertising, hiring, promotion, demotion, layoff, termination, rates of pay, and all other forms of selection, training, and compensation. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

PERSONAL DATA

NAME _____ Date: _____
Last First Middle

ADDRESS _____
Street City State Zip Code

Cell Number() _____ Email _____

Optimum time to contact you _____ Are you 18 years of age, or over? ___ Yes ___ No

Are you legally eligible for employment in the U.S.A.? ___ Yes ___ No

(If you are hired, you will be required to produce documents of your eligibility in compliance with Federal Form I-9)

Other names used in prior employment _____

GENERAL INFORMATION

Position Applied For: _____ Full-Time ___ Part-Time ___ Substitute ___ Coaching ___

Date available _____ Salary requirement: _____

Have you previously applied for employment with our company? ___ Yes ___ No

If so, when? _____ Type of position for which you applied _____

How were you referred to our company?

___ Employee ___ Advertisement ___ School ___ Agency ___ Other

Name of referral source indicated above _____

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

Have you ever pleaded guilty to, or been convicted of a criminal offense? ___ Yes ___ No

If yes, give dates and circumstances _____

Have you ever been involuntarily discharged from a position? ___ Yes ___ No

If yes, give dates and circumstances _____

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? ___ Yes ___ No

Have you ever been the subject of a criminal investigation? ___ Yes ___ No

If yes, give dates and circumstances _____

Request for Criminal Records Check and Authorization

I hereby authorize any law enforcement agency including, but no limited to, any local police department, the Texas Department of Public Safety, the Texas Department of Corrections or similar agencies of the federal government or any state, to release any information contained in their files maintained on me whether local, state, or national. I hereby release said such departments or agencies from any and all liability resulting from such disclosure.

Name

Date

REFERENCES

Please list three business/professional references who are not related to you and who were (are) not your direct supervisor.

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Zip Code</u>	<u>Telephone</u>	<u>Known How Long?</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Please list three personal references who are not related to you.

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Zip Code</u>	<u>Telephone</u>	<u>Known How Long?</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

It is the policy of All Saints' Episcopal School of Fort Worth to secure reference/background checks of an applicant. These reference checks include contacting the applicant's previous employer(s) of the past five years.

EMPLOYMENT HISTORY
(Beginning with Current or Most Recent Employer)

Employer Name _____

Address _____ Telephone () _____
Street City/State Zip Code

Dates of employment: from ___ / ___ / ___ to ___ / ___ / ___ Salary (monthly) at start _____ finish _____

Your Position/Title _____ Name/Title of Supervisor: _____

Describe job duties, responsibilities and accomplishments:

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? ___ Yes ___ No

Employer Name _____

Address _____ Telephone () _____
Street City/State Zip Code

Dates of employment: from ___ / ___ / ___ to ___ / ___ / ___ Salary (monthly) at start _____ finish _____

Your Position/Title _____ Name/Title of Supervisor: _____

Describe job duties, responsibilities and accomplishments:

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? ___ Yes ___ No

Employer Name _____

Address _____ Telephone () _____
Street City/State Zip Code

Dates of employment: from ___ / ___ / ___ to ___ / ___ / ___ Salary (monthly) at start _____ finish _____

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Dates of employment: from ___/___/___ to ___/___/___ Salary (monthly) at start _____ finish _____

Your Position/Title _____ Name/Title of Supervisor: _____

Describe job duties, responsibilities and accomplishments:

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? ___ Yes ___ No

EDUCATIONAL BACKGROUND

<u>Name</u>	<u>City</u>	<u>Dates attended</u>	<u>Degree Attained</u>
High School _____			
College _____			
College _____			
Graduate School _____			
Other _____			

Are you presently in school? ___ Yes ___ No If yes, give expected completion date _____

List courses you are taking _____

List your skills, training and/or professional acknowledgments that are specific to this position:

If applying for a faculty position, do you have a state certification? ___ Yes ___ No

<u>State</u>	<u>Type</u>	<u>Certificate Number</u>
_____	_____	_____

I understand that this application may be withdrawn or my employment may be terminated if I have made any misrepresentations on this form. I authorize All Saints' Episcopal School of Fort Worth to contact all references to seek job-related information about me, and I authorize all persons and employers to release any information about my qualifications. I release the school and any person or employer which provides information from any and all liability for furnishing or obtaining such information.

Signature of Applicant: _____ Date _____