



**EDUCATIONAL BACKGROUND**

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)**

Date, Month, and Year	Employer's Name, Address, Phone No.	Supervisor's Name, Address, Phone No.	Job Title and Duties	Reason for Leaving ( <b>check the box</b> )
From:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge <input type="checkbox"/> non-renewed
To:				
From:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge <input type="checkbox"/> non-renewed
To:				
From:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge <input type="checkbox"/> non-renewed
To:				
From:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge <input type="checkbox"/> non-renewed
To:				

**PROFESSIONAL LICENSES**

<b>Licenses Held</b>	<b>License(s) to Teach</b>	<b>Issue Date</b>	<b>Expiration Date</b>

**PROFESSIONAL ORGANIZATION MEMBERSHIPS**

<b>NAME OF ORGANIZATION</b>	<b>MEMBERSHIP DATES</b>

Are you on lay off and subject to recall?      Yes       No

Are you known to schools/references/employers by another name?      Yes       No

If Yes, please indicate the name(s): \_\_\_\_\_

Referred by a current employee?    Yes     No     If Yes, who: \_\_\_\_\_

List any special skills or training we should be aware of in considering your application:

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**APPLICANT STATEMENT**

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form, other forms, or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Mercy McAuley High School (“Mercy McAuley”), will subject me to immediate termination, whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

2. My signature authorizes Mercy McAuley or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. If a third party is utilized to conduct a background check, Mercy McAuley will comply with the Fair Credit Reporting Act. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide all information they may have regarding me or my employment. I release and agree to indemnify Mercy McAuley, its authorized agents, and its employees, and all other persons, companies, and other entities from all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

3. I release and agree to indemnify Mercy McAuley, its authorized agents, and its employees, and all other persons, companies, and other entities from all liability arising out of any medical examination or drug screen or for the taking of any action based on the results of any medical examination or drug screen.

4. I agree and consent that Mercy McAuley may inspect any Mercy McAuley property at any time and for any reason, without notice. This property includes, without limitation, workstations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto Mercy McAuley premises are subject to inspection at any time and for any reason, without prior notice.

5. As a condition of employment, I will be required to complete a Form I-9 and provide unexpired documents proving my identity and work authorization.

6. I understand and agree if I am employed by Mercy McAuley, and except as specifically set forth below, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, Mercy McAuley can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in Mercy McAuley’s employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and Mercy McAuley for employment, compensation, hours of work, or for the providing of benefits. Moreover, I acknowledge that Mercy McAuley may modify, revoke, suspend, terminate, or change any or all its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, compensation, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on Mercy McAuley unless it is confirmed in writing, signed by the President or authorized designee, and that document states that the employment relationship is not “at-will” and details the specific promise or guarantee.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date