Santa Margarita Catholic High School

Roman Catholic Diocese of Orange
22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
(949) 766-6000 • (949) 766-6005 (Fax)

APPLICATION FOR EMPLOYMENT

Classified Employment Application

Position you are applying for: _____ Today's Date: _____

Complete online, or print and submit to the address above or via email to HR@smhs.org.

PERSONAL INFORMATION

Name:			
Address:			
City:	State:	Zip:	Email:
Home Phone:	Work Phone:		Cell Phone:
Fax:			

	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐	☐

Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment* ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ On-Call ☐ Temporary

Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate/Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Do you speak, understand, read and write English proficiently? ☐ Yes ☐ No

Indicate any other languages you can speak, read and/or write:

Speak	
Read	
Write	

List professional, trade, business or civic activities and offices held.
You may exclude *memberships* which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Name	Address	Telephone Number

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Job Title		
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Job Title		
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
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Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Job Title		
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

IMPORTANT

There are several important aspects of employment with Santa Margartia Catholic High School (SMCHS) which you should be aware of before completing this Application for Employment.

FIRST: Employment with SMCHS is at-will, which means that either the employee or SMCHS can terminate the employment relationship at any time, for any (or no) reason, with or without notice. This at-will employment relationship can only be modified in writing signed by you and signed, for SMCHS, by the Principal.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

SECOND: In consideration for my employment by your school, I agree to conform to the rules and regulations of the school and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

THIRD: SMCHS may seek to verify the information you have provided in this Application for Employment. By signing below, you authorize SMCHS and any of its (their) employees or agents (collectively referred to as SMCHS) to contact the persons or organizations you have listed and to discuss your background with them. By signing below you also release SMCHS, and all of the persons, organizations and their agents who are contacted by SMCHS for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of verifying the information you have provided.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

FOURTH: I certify that all of the information which I have provided on this Application for Employment is true, and I understand that if any of the information is determined to be false, even if the determination is made years later, it will result in my immediate discharge from employment with SMCHS.

I understand and agree to this provision.

Signature of Applicant: _____ Date: _____

FIFTH: I consent to a physical examination as deemed necessary by the employer (after a job offer), to a five-panel hair drug test, finger printing and online safe environment training. These examinations and test are at the employer's expense and are to be done at the SMCHS facility of choice.

I understand and agree to this provision.
Signature of Applicant: _____

SIXTH: I understand that in accordance with Education Code 45125, which states that all persons to be employed must be fingerprinted prior to employment and Education Code 49406, which states that no person shall be initially employed by a school in a certificated or classified position unless the person has submitted to an examination within the past 60 days to determine that he/she is free of active tuberculosis. I will not be allowed to work or be put on the active payroll until I complete the above. Further, I understand that SMCHS requires that I be hired exactly as my name and number appear on my Social Security card and I must provide this card as proof of same.

I understand and agree to this provision.

Signature of Applicant: _____