



Application for Employment

The Mission of St. Paul's Episcopal School is to grow children spiritually, intellectually, socially, and physically by equipping them with the Gospel, a love of learning, a creative mind, and a giving spirit.

Directions: Please complete this application form and return it with :

1. A current resume
2. Transcripts of college credits showing degrees earned
3. A copy of your driver's license and social security card

PERSONAL DATA

Applicant Name _____ Date _____

Phone _____ Email Address _____

Current Address _____

City _____ Zip _____ How long have you lived there? _____

Previous Address _____

City, State _____ Zip _____ How long did you live there? _____

EMPLOYMENT INTERESTS

Position(s) Desired _____ Date available: _____

Type of work desired: ☐ Full Time ☐ Part Time

Interested in working in the Aftercare Program: ☐ Yes ☐ No

Do you attend St. Paul's Episcopal Church? ☐ Yes ☐ No How were you referred to St. Paul's? _____

Do you have children that will attend St. Paul's Episcopal School? ☐ Yes ☐ No

If hired, can you provide proof of identity and legal authorization to work in the U.S.?

☐ Yes ☐ No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign? If yes, please explain.

☐ Yes ☐ No

May we contact your current employer?

☐ Yes ☐ No

If no, please explain: _____

Have you ever plead guilty, or no contest to, or been convicted of any misdemeanor or felony, excluding minor traffic citations? ☐ Yes ☐ No

If yes, please give the date(s) and details: _____

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

REFERENCES

List three individuals who are qualified to evaluate your capabilities. Do not include relatives or family members.

Name	Address	Phone	Occupation/Position	Relation to You
1				
2				
3				

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am offered employment, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand that a background check will be performed and that employment is conditional upon a favorable background check.

I understand that should I be offered employment, a condition will be providing copies of information such as social security card, driver's license, birth certificate, etc.

I understand that the School reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the School or its designee. I release the School and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand also that if employed, I am required to abide by all rules and regulations of the employer.

Signature _____

Date _____